

ISAPS[®] NEWS

OFFICIAL NEWS OF THE INTERNATIONAL
SOCIETY OF AESTHETIC PLASTIC SURGERY

Volume 17 | Number 1



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MESSAGE FROM

the *ISAPS News* Editor-in-Chief



ARTURO RAMÍREZ-MONTAÑANA, MD - MEXICO
Editor-in-Chief, *ISAPS News*

XY POWER: WELL-DESERVED FIRSTS

Dear Colleagues and Friends!

I hope that all of you, your families, and your patients are doing great. This is the first issue of 2023, and we are proud to share it with you. We have many interesting articles, including one by Dr. Saed Kaldari, under the **Culture** section on the last FIFA World Cup Qatar 2022.

This issue's **How I Do It** section features Auriculoplasty, and we received several fantastic articles from various experts worldwide. Thank you to Drs. Celso Aldana, Diana Almeida, Jaime Anger, Gottfried Lemperle, Jose Telich, and their co-authors for sharing their expertise.

On **March 8, we commemorated International Women's Day**, so I want to focus on women's achievements for this editorial. The world is changing, and this is NO EXCEPTION at ISAPS and other worldwide plastic surgery societies.

Achievements include: Same Rights for Everyone, Based Purely On Meritocracy Women "FIRSTS" In Equal Circumstances.

A FEW HIGHLIGHTS OF WOMEN'S FIRSTS

FIRST right to vote. Women's suffrage, the right for women to vote in elections began in the 18th century¹.

FIRST right to compete in the Olympic games. Women first competed in the Olympic games at the 1900 Games in Paris; there were a total of 997 athletes, and for the first time, 22 women competed in five sports: tennis, sailing, croquet, equestrianism, and golf².

FIRST Nobel Prize. Marie Curie, a Polish-French physicist, was the first woman to receive a Nobel Prize in 1903 along with her husband, Pierre Curie, and she was the only woman to receive several Nobel Prizes in her lifetime. While studying uranium's rays, she discovered new elements and named them polonium and radium. She also coined the term "radio-active" to describe them³.

FIRST President/Minister of a country. Khertek Anchimaa-Toka was a Tuvan/Soviet politician, and the first non-royal woman to act as head of state from 1940-1944, where she held the title of Chairman of the of Little Khural of the Tuvan People's Republic⁴.

The first woman to be democratically elected as prime minister of a country was Sirimavo Bandaranaike of Ceylon, present-day Sri Lanka, when she led her party to victory in the 1960 general election⁵.

FIRST medical degree in America. In 1849 Elizabeth Blackwell was the first woman in the United States to receive a medical degree. She advocated for the participation of women in the medical profession and opened her own medical college for women⁶.

FIRST surgeon. Mary Edwards Walker is recorded as the first woman surgeon in the United States; she completed her medical degree in 1855 at New York's Syracuse Medical College⁷.



As I learned of all these “firsts”, I became more aware of the positive transformation in the plastic surgery world, which is gaining a strong women’s influence. This change is HAPPENING because of pure MERITOCRACY and through achievements and persistence to be leaders.

Here are some present-day instances reflecting the progress of women leaders in the plastic surgery specialty:

BRAZIL: Dr. Lydia Masako, current President of The Brazilian Society of Plastic Surgery (SBCP).

COLOMBIA: Dr. María Isabel Cadena, current President of the Colombian Society of Aesthetic and Reconstructive Plastic Surgery (SCCP).

COLOMBIA: Dr. Lina Triana, current President of ISAPS.

FRANCE: Dr. Catherine Bergeret-Galley, current President of the French Society of Aesthetic Plastic Surgeons (SOFCEP), and Past President (2021-2022), Dr. Aurelie Fabie-Boulard.

MEXICO: Dr. Bertha Torres Gomez, President-Elect of the Mexican Society of Plastic Surgeons.

SOUTH AFRICA: Dr. Ewa Siolo, current President of the Association of Plastic, Reconstructive and Aesthetic Surgeons of Southern Africa (APRASSA).

SOUTH AMERICA: Dr. Militza Jovick, Past President (2020-2022), the Ibero-Latin-American Federation of Plastic Surgery (FILACP).

SPAIN: Dr. Isabel de Benito Molina, current President of the Spanish Society of Plastic, Reconstructive and Aesthetic Surgery (SECPRE).

UNITED STATES: Dr. Jennifer Walden, current President of the American Society for Aesthetic Plastic Surgery (ASAPS), and Dr. Melinda (Mindy) Haws, President-Elect of ASAPS.

This list is far from extensive, and if I could, I would list all women influencers in the specialty. All these leaders represent notable societies worldwide, and the number of women training in plastic surgery over the past 10 years continues to increase.

Is this a coincidence? Absolutely not; this is all about efforts, sacrifices, and merits. I have the great pleasure of knowing these women, and it is clear that they are outstanding, very well prepared, and despite all the hurdles they faced, they finally have achieved what they worked towards.

In my opinion, we are in good hands being led by this fantastic generation of women. CONGRATULATIONS TO OUR WOMEN PLASTIC SURGEONS COMMUNITY... VERY WELL DESERVED, and we all feel proud.

I would like to finish by inviting all of you to submit an article talking about **Nipple Reconstruction for our next How I Do It section in the June 2023 issue**, and I want to remind you of our **ISAPS Olympiad Athens World Congress** taking place on **August 31 through to September 2, 2023**.

Big hugs to all of you and I wish you and your loved ones the best in your professional and personal lives.

See you all in beautiful Athens!



Arturo Ramírez-Montañana, MD
Editor-in-Chief, *ISAPS News*

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MESSAGE FROM

the *ISAPS News* Co-Editor



FABIAN CORTIÑAS, MD - ARGENTINA
Co-Editor, *ISAPS News*

Dear Colleagues and Friends,

Summer for the southern hemisphere is passing by, and the hard winter for the northern hemisphere is gradually finishing, and with them, the end of the first quarter of the year is upon us.

During this period, ISAPS committees have been working hard to improve the quality of the Society and to bring better learning tools for you, including an updated website, which was one of the most important and recent challenges our Society faced, and it is finally a reality.

The new website was launched in December 2022, and there is still room for improvements, changes, and addendums, and you can help make it better. This is your website too, so your evaluation, opinion, and suggestions are crucial for its success. Please take a moment to browse the [website](#) and send us your [feedback](#).

In this March issue, in addition to our traditional sections, we are excited to bring you a new one, and have incorporated **Coffee & Anecdotes**. This is a section in which we dive into the life of relevant, contemporary plastic surgeons, leaving aside science and surgery, and seek landmarks in their personal history, experiences, and personal outlooks, and we hope you enjoy it as much as we do. In this issue, we interviewed Dr. Nazim Cerkes, ISAPS Past President (2020-2022), who shares career advice and some lighthearted moments from an unexpected road trip.

Feel free to [submit your articles](#) for any of the sections, offer suggestions for individuals to interview for **Coffee & Anecdotes**, or send any other recommendations which may improve our *ISAPS News* Quarterly Magazine. Don't be shy to share your personal preferences and experiences in terms of travel, food, or culture; we are eager to get more articles!

Remember that this is *your* Quarterly Magazine; our *ISAPS News*.

Sincerely,

Fabian Cortiñas, MD
Co-Editor, *ISAPS News*



MESSAGE FROM

the *ISAPS News* Co-Editor



DIRK RICHTER, MD - GERMANY
Co-Editor, *ISAPS News*

ISN'T IT WONDERFUL TO BE A PLASTIC SURGEON?

Dear Colleagues and Friends,

As plastic surgeons, we have the unique privilege of being masters in a field that encompasses the entire body. Our extensive training and deep understanding of anatomy give us unparalleled control over our surgical outcomes. While other beauty doctors may celebrate minor successes with thread lifts and Botox, we as plastic surgeons can take pride in the fact that we are true experts in our craft.

I agree with the sentiments of our ISAPS President, Dr. Lina Triana, in her last e-Magazine Editorial, that as professionals, it is important to recognize the value of learning from other disciplines and thinking outside the box. Recently, I attended the **IMCAS World Congress** in Paris and was amazed by the wealth of knowledge and innovation present in the field of minimally-invasive therapies. By opening ourselves up to learning from others, we can continue to expand our skillset and remain at the forefront of our specialty.

ISAPS showcased an impressive lineup of live surgeries exclusively for qualified surgeons. It was inspiring to witness the rapid evolution and innovation in our field, with new techniques and approaches being developed by brilliant minds. Through this constant pursuit of progress, we can continue to improve patient outcomes and ensure their safety. As plastic surgeons, we are privileged to be at the

forefront of this exciting and dynamic field.

I am reminded once again that plastic surgery is the pinnacle of the medical profession, and we should strive to continually push the boundaries of what is possible. Let us continue to learn from others while also taking pride in our own mastery of this incredible field.

Sincerely,



Dirk Richter, MD
Co-Editor, *ISAPS News* and
ISAPS Past President (2018-2020)





MESSAGE FROM

the ISAPS President

Dear Friends, Colleagues, and ISAPS Members,

Today I want to present different educational opportunities where ISAPS creates Aesthetic Education Worldwide to better serve our members and, also invite all of you to share your discovered ways on how we can better enhance knowledge, training, and experience in aesthetics towards the safety of our patients.

Our **monthly series of Webinars** is now freely available to all members, also showcasing our **Aesthetic Plastic Surgery Journal** articles, APS, through the new **Journal Club** format. And in our ISAPS scientific Journal, APS, there is always the possibility of expanding your knowledge. For those that have not yet participated in one of our Webinars and Journal Clubs, go ahead, take action, and join our next **Journal Club on Vertical Medial Thigh Lift**.

All our educational material is stored On Demand for longer term viewing through our anytime-accessible **Online Video Library**, covering all aspects of aesthetics. What subject do you want to know more about? Now is the opportunity to **go ahead and investigate**. And do not forget about our **MedOne** platform ready for those that choose to expand even more.

There are more chances to come together and for members to partner with ISAPS through our **ISAPS Official Courses and Symposia** held worldwide and throughout the year. Have a look at those already listed on our **Events Calendar**.

You can also find updated information on today's Aesthetic World in our **ISAPS Patient Safety Statements**.

Know the world's aesthetic trends in our **ISAPS Global Survey**, the only international scientific study on the subject, and be an active ISAPS member by contributing your data in our next ISAPS Global Survey series.

The highlight of our year in education is coming together for our now annual **ISAPS World Congress**, to share ideas and learn from each other. Thank you to those that took an active role by submitting more than 500 abstracts received for consideration to speak at our brand new format, **Olympiad World Congress in Athens** this year. This is just one way to participate, you can come as a delegate too: to share your ideas, vote for future speakers, or to network with your colleagues and learn. If you have not already done so, you can register early and save on lower **registration** fees. Come to Athens and take an active role in our ISAPS global network.

Our residents and young surgeons are the future of our plastic surgery specialty; they are the future leaders in our field. Our 35 willing professors' part of the **ISAPS Visiting Professor Program**, VPP, and a program of 52 **ISAPS Fellowships** this year, are a testament to our members' desire as leaders to mentor our future generation of plastic surgeons. I invite you to read the latest report featured in this issue from Dr. Carlos Roxo, Brazil, and his involvement in the VPP.

Leadership, is of course, also about our own development and well-being, whatever stage of our career we are at, and we look forward to presenting a new **ISAPS online/hybrid leadership/self-development academy** to you in the coming year.

Finally, I am excited to be hosting our first **ISAPS World Congress** in my home country of Colombia, and the first back to Latin America in several years. The Congress will take place in **Cartagena, Colombia in June 2024**. So, there is still plenty of time to plan to visit this unique colonial city, in my beautiful home country: by the sea, and close to the equator, with yearlong warm temperatures, this will be a must-attend event full of color and Latin swings.

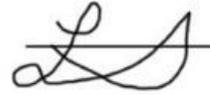


Mark your calendar and be ready to join our **Annual World Congresses**, each event with a truly unique experience, full of opportunities for global networking, possibilities for sharing your knowledge by submitting abstracts and learning from the best aesthetic leaders.

Be part of something bigger than yourself, be part of **ISAPS Aesthetic World**, take an active ISAPS role, move from the stands, get out of your automatic mode, discover the passion in what you do, and come play the game on the court. Live in action mode, the way things happen, take action, and come to Athens and Cartagena

and participate in as many of our educational activities in-between!

At ISAPS we are Leaders in Aesthetics, we choose action mode, where leaders live!



Lina Triana, MD
ISAPS President, 2022-2024



NEXT ISSUE

HOW I DO IT: NIPPLE RECONSTRUCTION

To submit an article or for questions,
email: isapsnews@isaps.org.



MESSAGE FROM

the Education Council Chair



OZAN SOZER, MD - UNITED STATES
Chair, ISAPS Education Council

Dear ISAPS Members,

The ISAPS Education Council has started an impressive new term after the successful Biennial Meeting in Istanbul, Turkey, with a new energy. Dr. Gerald O'Daniel oversees the [Journal Club](#) and Dr. Gustavo Abrile is in charge of the residents' education which features online [Resident Webinars](#). Under their guidance, online education has reached a new level. We have been organizing high-quality Journal Clubs every other month. The authors of the selected papers personally have presented their work, and we always have world-class moderators providing very insightful discussions. The Resident Webinars feature world-class ISAPS faculty educating our residents in different aspects of aesthetic surgery and are also scheduled every other month, in rotation with the Journal Club.

In our continued support of education, ISAPS organized a symposium in November 2022 at the opening session of the [58th Brazilian Congress of Plastic Surgery, in Goiânia, Brazil](#).

The [ISAPS Cadaver Course](#) took place in Liege, Belgium, from January 19-20, and was a sold-out event as it has always been. ISAPS organized the [3rd Periorbital and Facial Symposium](#) in partnership with the Southeastern Society of Plastic and Reconstructive Surgeons in Atlanta, GA, on January 26. This is a meeting usually attended onsite by local doctors, but this year we had 90 virtual registrations, which I believe is a good start.

March is also a busy month full of ISAPS events. The [ISAPS Symposium in Pune, India](#) took place on March 1, and the [ISAPS Course in Kuwait](#) will take place on March 16 to 18. Finally, the [ISAPS Course in Cape Town, South Africa](#) will take place from March 23 to 26.

In April, ISAPS will have a mini-symposium in Miami during the [Aesthetic Meeting 2023](#). It will take place on April 22, from 9:45 AM to 12:00 PM, and will cover advances in facial aesthetic surgery.

Our Scientific Program Committee has been busy preparing for the [ISAPS Olympiad Athens World Congress](#) taking place from August 31 to September 2. The deadline to submit abstracts was January 31, and we are happy to announce that we have received over 500 high-quality submissions and are in the selection process as we speak. The **ISAPS Olympiad Athens World Congress** will be an amazing, one-of-a-kind event that should not be missed. Please mark your calendars.

Best wishes to all of you,



Ozan Sozer, MD
Chair, ISAPS Education Council



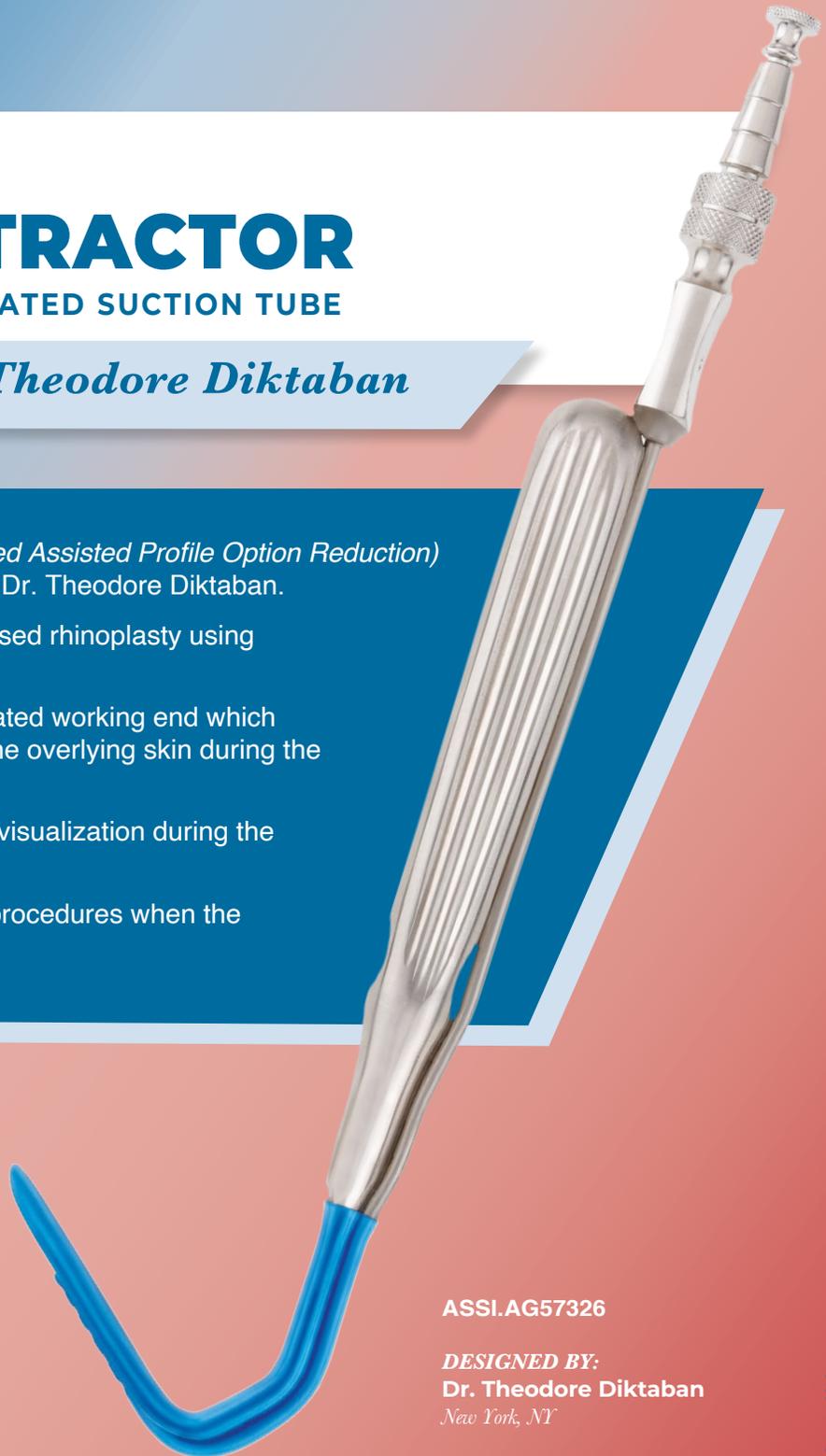
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American Society for Aesthetic Plastic Surgery, Inc. (ASAPS)
89. **VENEZUELA**
Venezuelan Society of Plastic, Reconstructive, Aesthetic and Maxillofacial Surgery (SVCPREM)
90. **VIETNAM**
Vietnamese Society of Aesthetic and Plastic Surgery (VSAPS)



COMMITTEE REPORT

ISAPS Governance & Communications Committees



IVAR VAN HEIJNINGEN, MD - BELGIUM
Chair, ISAPS Corporate Governance and Policy Committee



FABIAN CORTIÑAS, MD - ARGENTINA
Chair, ISAPS Communications, Branding, and Public Relations Committee

COMMUNICATION AND GOVERNANCE

In our Governance series, we have addressed many topics, but people often wonder how they can apply them practically. For this article, we will focus on communication with Dr. Fabian Cortiñas, Chair of the ISAPS Communications, Branding, and Public Relations Committee.

WHOM ARE WE ADDRESSING?

All communications at ISAPS must align with the strategic plan based on the goals and purposes of our Society. Communication is carried out by people within the Society with the intention of addressing and informing other people.

But who are we directly addressing? There are two distinct groups:

Internal:

- Members
- Board of Directors
- Committees
- Executive Office staff
- National Secretaries

External:

- Patients
- Worldwide plastic surgeons' community
- Global Alliance Partners
- Non-members, including doctors, nurses, and staff
- The industry as a whole

- Event organizers
- *Aesthetic Plastic Surgery* and *ISAPS News* readers
- The general public via social media, global surveys, and news media channels.

BRANDING AND CULTURE

When conveying a message, it is paramount that we ask ourselves, "Who are we talking to?" ensuring we get the message across in the best possible way.

Since there are so many people from varying backgrounds with whom we interact, it is difficult to describe how we should communicate with all of them so that the message is perceived as we intend it to be. Fortunately, it does not need to be a challenge.

It is here where Good Governance plays an important role at ISAPS. Since we have described our objectives and are familiar with our culture, we, in turn, know who is responsible for what and what policies and processes are applicable to each respective group.

As long as everybody is aware of this and acts accordingly, we all present and represent ISAPS in the same consistent way. This is the brand we have built over the years and the culture we created to serve our purpose.

HOW SHOULD WE IMPLEMENT THIS WAY OF THINKING?

You might wonder, "We are all well-trained plastic surgeons, and we mean well! We do this in our free time without being



paid with the best intentions. Are you not making things overly complicated?”

This is where we see the profound impact that our communications can have, and unfortunately, at times, what we convey can have serious consequences, as ISAPS has learned the hard way. As a Society, we have been sued and taken to court for well-intended communications. While we won, we did have to pay lawyers to defend us, so it is imperative to remember that whatever we say can have legal and financial implications.

Let’s look at this from the positive side: if we communicate conscientiously and consistently, we can spread the word about worldwide aesthetic education, patient safety, and events to provide the best education possible. With Good Governance, this will be much more effective.

COMMUNICATION ON A PRACTICAL LEVEL

So, you want to promote or join ISAPS and bring this Good Governance into practice but are concerned about the integrity of your communications? No worries, let us help you!

Whenever you want to communicate on behalf of ISAPS, either by participating in an ISAPS committee, serving as a National Secretary or as a member, please follow these steps:

- Is your message in line with the **purpose and mission of ISAPS?**
- Is it in line with the current **strategic plan?**
- Is it in line with the **Code of Ethics?**
- Am I the right person to communicate this message? Who is responsible and accountable?
- Can there be financial and/or legal repercussions?
- In case of any doubt, contact the **Communications, Branding, and Public Relations** or **Corporate Governance and Policy Committee.**

With this in mind, we thank you for your dedication to ISAPS and look forward to supporting you with any questions or suggestions for our continued efforts toward Good Governance.

Sincerely,



Ivar van Heijningen, MD
Chair, ISAPS Corporate Governance and Policy Committee



Fabian Cortiñas, MD
Chair, ISAPS Communications, Branding, and Public Relations Committee



VISITING PROFESSOR PROGRAM REPORT



CARLOS ROXO, MD - BRAZIL

DR. CARLOS ROXO'S VISITING PROFESSOR PROGRAM REPORT FROM THE DOMINICAN REPUBLIC

This Visiting Professor Program Report describes our visit as an ISAPS Visiting Professor at the Mexican Residence Program at the Hospital Dr. Salvador B. Gautier in Santo Domingo in the Dominican Republic (*Figure 1*).



Figure 1: ISAPS Visiting Professor at the Mexican Residence Program at the Hospital Dr. Salvador B. Gautier in Santo Domingo in the Dominican Republic.

Our activity began on Wednesday, February 2, 2023, with a conference for residents and members of the Plastic Surgery Service. This was followed by an examination of three post-bariatric patients who had been selected for surgery. Each patient was meticulously studied, and the surgical markings were made explaining the reason for each

technical detail, as well as the position that each assistant would occupy during the surgery.

Filming was done so that the Plastic Surgery Service could record and also study the details of the appointments post-procedure. Two patients were chosen, the first being a patient who had lost 110 kg in weight, and for this procedure, we planned a body lifting associated with anchor abdominoplasty, mammoplasty with mastopexy, and a posterior thoracoplasty. The second patient had lost 75 kg and was scheduled to undergo a body lifting with mammoplasty, and mastopexy with implants associated with brachioplasty.



Figure 2: Both surgeries were performed simultaneously in two contiguous operating rooms.





Figure 3: First patient, preoperative and first postoperative images.

Both surgeries were performed simultaneously in two contiguous operating rooms (Figure 2). The teams were made up of residents and service staff in each room.

On the day after the surgical procedures, we carried out a postoperative medical visit to the patients who were

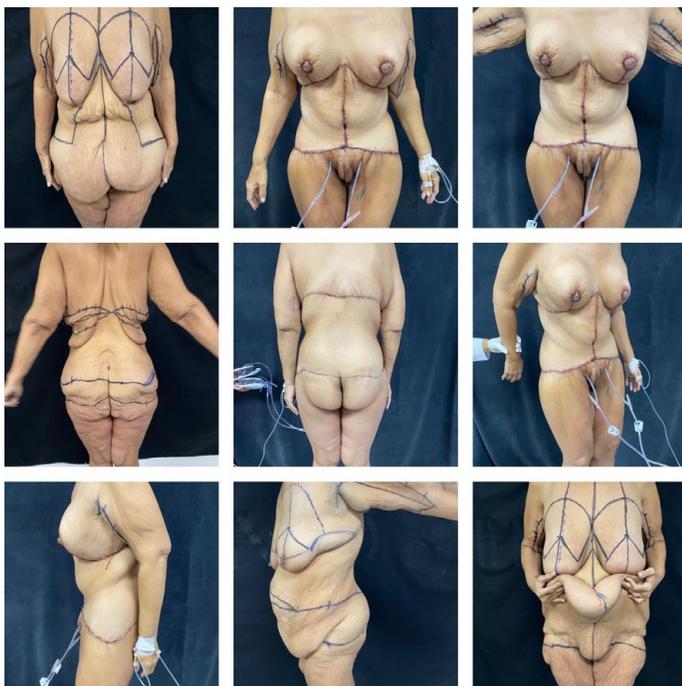


Figure 4: Second patient, preoperative and first postoperative images.

photographed, then discharged. Preoperative and first postoperative day photographs are attached (Figures 3 and 4).

The evening featured a farewell dinner with all residents and service members (Figure 5), and our mission was complete, along with some great friendships created with all service colleagues.

It was a great honor to participate in the [ISAPS Visiting Professor Program](#).



Figure 5: Farewell dinner with all residents and service members.



ISAPS JOURNAL

MESSAGE FROM THE EDITOR-IN-CHIEF



BAHMAN GUYURON, MD, FACS - UNITED STATES

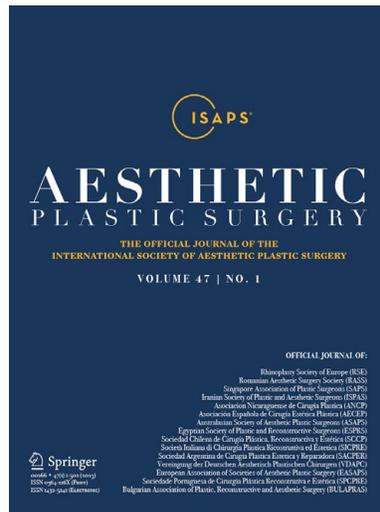
Editor-in-Chief, *Aesthetic Plastic Surgery*

Dear ISAPS Members,

We have previously announced the establishment of two Journal awards, one for the most cited article and one for the most downloaded article published in the previous calendar year. The selection process is totally unbiased, and it is based on the report from the publisher.

For 2022 the article titled, **“Striae Distensae: In Vitro Study and Assessment of Combined Treatment with Sodium Ascorbate and Platelet-Rich Plasma on Fibroblasts”**, by the authors Drs. Simone La Padula; Barbara Hersant; Chiara Pizza; Christophe Chesné; Agnes Jamin; Ismail Ben Mosbah; Concetta Errico; Francesco D’Andrea; Umberto Rega; Paolo Persichetti; and Jean Paul Meningaud, was the most cited article. The article titled, **“Avoiding Complications on the Upper Face Treatment with Botulinum Toxin: A Practical Guide”** by Drs. André Borba; Suzana Matayoshi; Matheus Rodrigues, was the most downloaded article. I offer congratulations to the authors, and I am grateful to them for choosing our Journal for publishing their articles.

We have made some minor changes to the cover of the Journal



and improved the quality of the Journal paper. We are considering some other changes in the future. We hope that these changes have to some degree had a positive impact in your view.

The Journal volume continues to be a major concern to me. On the other hand, I do not want to delay publishing your articles. You will start seeing some reduction in the Journal volume beginning with the April issue.

I am still looking for experienced reviewers in the areas of gender and oculoplastic surgery. All you need to do is send me an email to bguyuron@guyuron.com, with your name and we will register you, and the Editorial

Manager and I will start tapping your expertise.

Sincerely,

Bahman Guyuron, MD, FACS
Editor-in-Chief, *Aesthetic Plastic Surgery*



PRACTICE MANAGEMENT



JUAN E. SIERRA MEJÍA, MD - COLOMBIA
ISAPS National Secretary

PLASTIC SURGEON AS A BRAND

Freelancers and employees want to build an image, but they need to be different to be recognized. To stand out they must be unique; a positive image will give them a great future. It is not enough to be a good surgeon, that is taken for granted. Having extraordinary qualities, being creative, innovative, resourceful, and empathetic, with communication and relationship skills are fundamental in today's world.

With these ingredients, we build a **Personal Brand**, which we sometimes discuss in depth, but are we really clear about what it is?

PERSONAL BRANDING is defined as what people talk about you when you're not present. From all our actions in front of patients, colleagues, and friends we generate an opinion, a concept, and we leave an impression from start to finish. In all kinds of interactions, people are left with an image of us, and when someone mentions our name, the image is the first thing that comes to mind.

It can be called a first impression, but that opportunity to make yourself known can be done voluntarily, consciously, and intentionally, to impact forcefully and leave that specific impression.

To achieve our personal branding impactfully and with benefits, we must start by focusing on **Identity**. It refers to both oneself and our target patient. To find ours, we

must do a deep exercise of self-knowledge, be clear about what we like, what we are better at, what we do without costing us our reputation, what is our greatest ability, how we stand out, and how we obtain the best results. We can validate it with the people around us, with people who know us and will tell us the truth, not what we want to hear.

Then, to identify the **Patient's Identity**, we must select past patient experiences; those that generated greater recall, moments that we do not forget which caused greater satisfaction, ones that gave the greatest happiness and greater well-being, the ones how we feel the most comfortable, these moments are the ones that define whom we would like always have as our patients. Unforgettable patients whom we achieve the best results, whom we want to maintain contact, who value our work, and who give us a reason to continue being surgeons.

If you want, send me your comments to doctor@juanestebansierra.com



ISAPS PATIENT SAFETY STATEMENTS

As part of our endeavors to increase safety guidance and patient awareness, ISAPS is continuing to build its [Patient Safety Communication Statements](#).

PUBLISHED STATEMENTS:

[US FDA Safety Communication on Breast Implant Associated Squamous Cell Carcinoma \(BIA-SCC\)](#).

[Statement on Patient Safety During Gluteal Fat Grafting](#) endorsed by ISAPS, the American Society of Plastic Surgeons (ASPS), The Plastic Surgery Foundation (PSF), The Aesthetic Society, and The Aesthetic Surgery Education and Research Foundation (ASERF).

SOON TO BE PUBLISHED IN THE *AESTHETIC PLASTIC SURGERY* JOURNAL, FULL TEXT ARTICLES BELOW:

US FDA Safety Communication on Illegal Use of Injectable Silicone for Body Contouring and Associated Health Risks. On the ISAPS website [here](#).

Patient Safety Advisory - Fentanyl: Counterfeit Prescription Medications that Contain Fentanyl and Patient Safety. On the ISAPS website [here](#).



US FDA SAFETY COMMUNICATION ON ILLEGAL USE OF INJECTABLE SILICONE FOR BODY CONTOURING AND ASSOCIATED HEALTH RISKS

The US Food and Drug Administration (FDA) issued a safety communication warning consumers and healthcare professionals about serious injury and disfigurement resulting

from injectable silicone or silicone products that are falsely marketed as FDA-approved dermal fillers to enhance the size of your buttocks, breasts, and other body parts¹.



We are concerned about unsafe permanent injectables, silicone, oils, and PMMA being marketed for body contouring by unlicensed providers. We have seen serious adverse events as a result from these products, sometimes from industrial-grade silicone, being used for unapproved medical purposes^{2,3,4,5}.

Consumers should be aware that injectable silicone used for body contouring is not FDA-approved and can cause serious side effects that can be permanent, or may even lead to death. Side effects can include ongoing pain and serious injuries, such as scarring, tissue death, and permanent disfigurement; if the silicone migrates beyond the injection site, it could cause an embolism (blockage of a blood vessel), stroke, infections, and death. Serious complications can occur immediately or develop weeks, months, or years later^{6,7}.

If you have received unapproved silicone beauty injections, you may be at risk of complications.

SAFETY TIPS FOR PATIENTS

Please consider the following advice¹.

1. **Never** get any type of permanent filler or liquid silicone injected for body contouring or enhancement purposes. This means you should never get breast fillers, “butt fillers,” or fillers for spaces between your muscles. These products, which include certain types of injectable silicone, can be dangerous, can cause serious injury and even death.
2. **Never** buy dermal fillers on the Internet as they may be fake, contaminated, or harmful.
3. **Never** get injectable fillers from unlicensed providers or in non-medical settings, e.g., hotels or private homes.
4. **Always** work with a licensed healthcare provider who uses FDA-approved products for treatments.

ISAPS HAS IDENTIFIED THE FOLLOWING TALKING POINTS:

1. Silicone injections for body contouring are often performed by unlicensed and non-medical practitioners in non-clinical settings, e.g., residential homes or hotels⁸.
2. Awareness for physicians, their staff, and patients is key. In the presence of silicone-free material injected into the breast, patients should be evaluated by a board-certified plastic surgeon.

3. An uncertain danger is whether silicone injections may cause autoimmune diseases (i.e., ASIA)⁹.
4. The presence of silicone-free material injected into breasts and buttocks generates a chronic inflammatory reaction, of the type characteristic of foreign body granulomas, with cutaneous erythema, nodules, and cutaneous retractions. In the case of the breast, all of them impede certainty during breast self-examinations, confuse clinical examinations by physicians, and alter all the various imaging studies, whether that is mammography, breast ultrasound, or MRI⁶.
5. There is no doubt that breast siliconomas interfere with imaging studies and, thereby, may delay the early detection of breast cancer, due to the numerous difficulties they cause in breast evaluation⁶.
6. Many of these patients are in an age group highly susceptible to breast cancer, and some worry that one or more of their silicone-induced lesions are, in fact, neoplastic. It is practically impossible to rule out cancer as the cause of one or more of the hard nodules commonly exhibited by these patients. Changing nodule characteristics results in more confusing follow-up exams, rather than being helpful.
7. In injection-induced breast siliconomas, surgery is the only preventive option which, though often effective, has definite drawbacks.
8. For silicone injections in the buttocks, open surgery is the only preventive option in order to avoid devastating complications.
9. The surgical approach must also be multidisciplinary, enlisting the services of a psychologist, a clinical immunologist, a mastologist, and a plastic surgeon.

FOR THIS INITIAL COMMUNICATION, WE RECOMMEND THE FOLLOWING GUIDELINES:

- a We encourage consumers who may have received injectable silicone to seek immediate medical attention.
- b If you experience problems such as difficulty breathing, chest pain, signs of a stroke (including sudden difficulty speaking, numbness, or weakness in the face, arms, or legs, difficulty walking, face drooping, severe headache, dizziness, or confusion), it may be a life-threatening situation and you need to seek immediate medical attention.



- c For those who are considering a body contouring procedure, talk with a healthcare provider about appropriate treatment options and the risks associated with the procedure.
- d Those who have been offered or have received injectable silicone for body contouring from an unlicensed provider are encouraged to use the FDA website to **Report Suspected Criminal Activity**⁹.

With our communication today, we hope to raise public awareness – about the short- and long-term risks of injecting silicone or oils directly into the body – and encourage consumers to choose a licensed plastic surgeon when considering any type of cosmetic enhancement.

This patient safety advisory was developed by Gustavo Emilio Schenone, MD PhD (SG Medical Group and Department of Plastic and Reconstructive Surgery, University of Buenos Aires, Argentina) and Douglas Narvaez Riera, MD, (Head Plastic Surgeon, Centro Clinico Valentina Canabal, Barquisimeto, Venezuela). Montserrat Fontbona, MD (ISAPS Patient Safety Committee Chair), and Lina Triana, MD (ISAPS President) provided editorial assistance.

ISAPS Patient Safety Committee

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JOINT SAFETY STATEMENT OF THE INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY AND THE AESTHETIC SOCIETY



OFFICIAL BUSINESS

PATIENT SAFETY ADVISORY – FENTANYL COUNTERFEIT PRESCRIPTION MEDICATIONS THAT CONTAIN FENTANYL AND PATIENT SAFETY

The purpose of this patient safety communication is to alert plastic surgeons, nurses, and patients about the risks of fentanyl-containing counterfeit prescription medications that patients can obtain outside of those prescribed by a physician, physician's assistant, or nurse practitioner and purchased at a licensed pharmacy. This becomes a patient safety issue where unintentional fentanyl overdose and death can occur. Patients are not well-educated about these risks and how to stay safe. Children and adolescents are also at risk. We believe that a conversation with patients will save lives and prevent tragedies.

This crisis has escalated to the extent that a patient safety advisory regarding the extreme danger of illicit fentanyl has been jointly developed by ISAPS and The Aesthetic Society. The purpose of this communication is to discuss this matter in the context of patient safety and how to take actionable steps to mitigate risk for patients. Additionally, we will review the pharmacology of powerful synthetic

opioids, geopolitical issues, and naloxone used to treat opioid overdose.

Unlike legitimate medications that are manufactured with tight quality controls and good pharmaceutical manufacturing processes, there is no control over how much fentanyl is contained in counterfeit medications. Only two milligrams of fentanyl is considered a potential lethal dose; it's particularly dangerous for someone who does not have a tolerance to opioids.

Criminal drug networks mass-produce pills that contain fentanyl and falsely market them as legitimate prescription pills. Counterfeit pills are easily accessible and often sold on the street, social media, and e-commerce platforms, making them available to anyone with a smartphone, including minors. Many pills are physically indistinguishable by their appearance from prescription opioids such as oxycodone, hydrocodone, benzodiazepines like alprazolam, or stimulants like amphetamine and methylphenidate used for treating



attention deficit disorders. They contain identical identification numbers and marks like a legitimate pill has stamped on its surface^{1,2}. Patients who seek medications in this fashion are exposed to the risk of fentanyl overdose and death.

TWO MILLIGRAMS OF PURE FENTANYL FITS ON THE POINT OF A PENCIL. IF INGESTED, THIS IS A LETHAL DOSE.

The United States Drug Enforcement Administration (US DEA) Laboratory has determined that, of the fentanyl-laced fake prescription pills analyzed in 2022, six out of ten now contain a potentially lethal dose of fentanyl. We would urge you to share a recent [US DEA press release](#) on this topic with your patients³:

According to the United States Center for Disease Control (US CDC), 107,375 people in the United States died of drug overdoses and drug poisonings in the 12-month period ending in January 2022³. A staggering 67% of these deaths involved synthetic opioids like fentanyl. Some of these deaths were attributed to fentanyl mixed with other illicit drugs like cocaine, methamphetamine, and heroin, with many users unaware they were actually taking fentanyl. There is no data of how many of these deaths occurred after surgery from taking illicitly obtained pills containing fentanyl.

Fentanyl overdoses are now the leading cause of death for individuals in the age range of 10 to 19 years in the United

States. Earlier US CDC reports from 2019–2021 revealed approximately 90% of overdose deaths involved opioids, and 83.9% involved illicitly manufactured fentanyl⁴. Counterfeit pill evidence was present in 24.5% of overdose deaths. Last year there were 133 deaths of children younger than 3 who ingested fentanyl accidentally in the United States^{5,6}. Fentanyl patches have contributed to child overdoses in Australia⁷.

Educational initiatives for children, adolescents, and college



Legitimate Oxycodone 30mg



Counterfeit Oxycodone 30mg

Photo Credit US DEA: <https://www.justice.gov/usao-id/pr/acting-us-attorney-warns-increasing-danger-counterfeit-prescription-opioids-containing>

students have tremendous value to help them understand the extreme risk of accidental fentanyl overdose and death⁸.

According to reports, the US DEA and the US Customs and Border Patrol (US CBP) have seized over 10,000 kg of fentanyl powder and 50.6 million tablets containing fentanyl in 2022. No statistics are available on the amount of fentanyl seized in other countries. The United States has the greatest amount of illicit fentanyl. This is reflected in the statistics cited in this advisory. This equates to approximately 379 million doses of fentanyl according to a press release by the US DEA⁹.

PHARMACOLOGY BACKGROUND OF FENTANYL

Fentanyl is a synthetic opioid first developed approximately 60 years ago. It is a relative of meperidine (phenylpiperidine series). There have been approximately 1,400 fentanyl analogs synthesized (fentalogs), some sold illicitly as designer drugs^{10,11}. Opioids like codeine, hydrocodone, oxycodone, and hydromorphone are synthesized by modifications of morphine. Heroin is diacetyl morphine sourced from opium.

Within the context of surgery, anesthesia, and acute pain management, fentanyl and two of its analogs (sufentanil



Photo Credit US DEA



and remifentanyl) are used. Sufentanyl is the most potent μ -receptor agonist available for clinical use. It is 5 to 10 times more potent than fentanyl and 1,000 times more potent than morphine. It has an affinity for opioid receptors 30 times greater than that of fentanyl¹².

Remifentanyl is structurally unique because of its ester linkages¹³. This makes it susceptible to hydrolysis by blood esterase, resulting in rapid metabolism and rapid reduction of blood concentration during total intravenous anesthesia (TIVA). Fentanyl is additionally prescribed for malignant and non-malignant chronic pain. It is administered by injection, nasal spray, or skin patch, or absorbed through the cheek as a lozenge or tablet. Other routes of use are intrathecal and spinal anesthesia.

The onset of action of fentanyl is almost immediate when the drug is given intravenously; however, the maximal analgesic and respiratory depressant effect may not be noted for several minutes. Bioavailability depends on the route of administration. Fentanyl is capable of producing severe respiratory depression. It has also been reported to cause nausea, vomiting, dizziness, muscle rigidity, seizures, hypotension, coma, and death¹⁴.

NALOXONE

Naloxone is useful in treating both acute opioid overdose and respiratory or mental depression due to opioids. It is administered intravenously, intramuscularly, or via nasal spray. Depending on the venue, naloxone is available without a prescription as part of harm reduction initiatives in the United States and worldwide. Naloxone acts rapidly to reverse opioid overdosage. Other adjunctive measures such as rescue breathing and cardiopulmonary resuscitation may be required. Prescribing naloxone should be accompanied by standard education for patients and caregivers that includes preventing, identifying, and responding to an overdose^{15,16}.

REGULATORY STATUS OF SYNTHETIC OPIOIDS

Fentanyl and fentanyl analogs approved for clinical use like sufentanyl and remifentanyl are classified by virtually every drug regulatory agency worldwide as synthetic opioid narcotic drugs. The United States Food and Drug Administration (US FDA) classifies these as Class 2 Schedule drugs, those with known therapeutic effect, but with high potential for

abuse. Fentanyl analogs that are produced to evade regulatory scrutiny would be Class 1 Schedule drugs, without known medical use and high potential for abuse.

FENTANYL GEOPOLITICAL ISSUES

Mexican cartels source fentanyl precursors from Chinese suppliers which are finished in Mexico and smuggled to other countries worldwide. This is not exclusively a Chinese matter, as India has also emerged as a source of fentanyl and fentanyl precursors, where Mexican cartels have already developed networks for the distribution of synthetic opioid drugs. It is possible fentanyl and precursor production may disperse to other countries in Africa, Indonesia, Myanmar, and the European Union. Estonia has experienced a fentanyl crisis for many years. Fentanyl is frequently mixed with heroin, methamphetamine, or cocaine to increase potency^{17,18}.

Initiatives aimed at regulating the flow of fentanyl precursor chemicals and fentanyl from China has not been successful. China halted cooperation with the United States on combatting drug trafficking in 2022. Hopefully in the future the United States can delink counternarcotics policy through diplomatic channels with the Chinese government and its enforcement from the US-China global rivalry and overall state of mutual relations^{19,20}.

There is significant variation in the prevalence of illicitly manufactured opioids globally. Fentanyl is being used by individuals addicted to opioids worldwide. Heroin, methamphetamine, and cocaine often contain fentanyl, resulting in overdose and deaths. Some geographical areas tend to have less prevalence of counterfeit drugs that contain fentanyl or ways for individuals to acquire pain pills and mood-altering medications in the street or over the internet. Other locations such as the United States has the greatest incidence of illicit fentanyl prevalence, including fake prescription pills.

According to a press release by the American Society of Anesthesiologists (October 2021), approximately 20% of patients who are opioid-naïve before surgery continue to use opioids three months after surgery. This includes all surgical specialties. For some patients, surgery, including plastic surgery, may create an unintended gateway to long-term opioid use. While the CDC notes synthetic opioids (primarily illicitly manufactured fentanyl) appear to be the



main reason for the increase in mortality statistics in the United States, persistent opioid use after surgery can play a role in producing overdose and death²¹.

Surgeons should be alert to persistent opioid use and utilize alternative non-opioid pain management protocols. This strategy appears effective in helping patients recover from body contouring procedures (abdominoplasty) without reliance on opioids²².

The US DEA has a web page with a QR barcode in the [pdf document \(page 2\)](#) that patients can see actual examples of fake pills containing fentanyl along side of legitimate pills. Patients can access this useful information by scanning the barcode with their smartphone. The page with the QR barcode can be printed and placed in exam rooms and reception areas for patients to use²³.

This patient safety advisory was developed by:

Mark Jewell, MD, member of ISAPS and The Aesthetic Society and ISAPS Patient Safety Committee; Hillary Jewell, MPH, RN NP; Robert Singer, MD, member of ISAPS and The Aesthetic Society; Montserrat Fontbona, MD (ISAPS Patient Safety Committee Chair); Lina Triana, MD (ISAPS President); and Jennifer Walden, MD (The Aesthetic Society President) provided editorial assistance.

The authors declare that they have no conflict of interest regarding the writing of this patient safety advisory and did not receive funding.

PHYSICIAN-NURSING-PATIENT EDUCATION RESOURCES

- <https://www.dea.gov/alert/dea-laboratory-testing-reveals-6-out-10-fentanyl-laced-fake-prescription-pills-now-contain>
- <https://www.dea.gov/onepill>
- <https://www.dea.gov/fentanylawareness>
- Drug Overdose Deaths Among Persons Aged 10–19 Years – United States, July 2019–December 2021 | MMWR (cdc.gov)
- <https://www.wsj.com/articles/children-victims-of-the-fentanyl-crisis-11672412771>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139757/>
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- <https://www.eanesisd.net/videos/2022-23/fentanyl-awareness>
- Drug Enforcement Administration Announces the Seizure of Over 379 million Deadly Doses of Fentanyl in 2022
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- <https://journals.lww.com/prsgo/pages/articleviewer.aspx?year=2023&issue=01000&article=00051&type=Fulltext>
- https://www.dea.gov/sites/default/files/2022-12/DEA-OPCK_FactSheet_December_2022.pdf
- <https://www.wsj.com/articles/fentanyl-test-strips-party-culture-bars-restaurants-testing-11673993170?page=1>

PATIENT SAFETY COMMUNICATIONS TO MITIGATE RISK OF FENTANYL OVERDOSE AND DEATH

- We believe that patient safety education concerning the fentanyl crisis is needed. One suggestion would consist of patient education material on your website and in pre-surgical materials regarding the risks from fake medications that contain fentanyl.
- Instruct patients to only take prescription medications that are prescribed by a physician, physician's assistant, or nurse practitioner. If prescription refills are needed, have this arranged ahead of time and never purchase them on the street, from another person, or over the internet without a prescription. This applies to all types of medications.
- Educate patients to keep all prescription medications in a safe place to prevent children from accidentally taking them or sharing with friends.
- Educate patients regarding how to take prescribed opioid pain medications for an acute event such as an injury or surgery. Patients are advised to destroy unused opioid pain pills when the need to manage pain can be accomplished with non-opioid medications such as ibuprofen or acetaminophen.
- Never trust your own eyes to determine if a pill is legitimate. The only safe medications are ones prescribed by a trusted medical professional and dispensed by a licensed pharmacist.
- Never ask for medication from another person. There is no way to verify if it is safe.
- During the COVID pandemic, many patients have

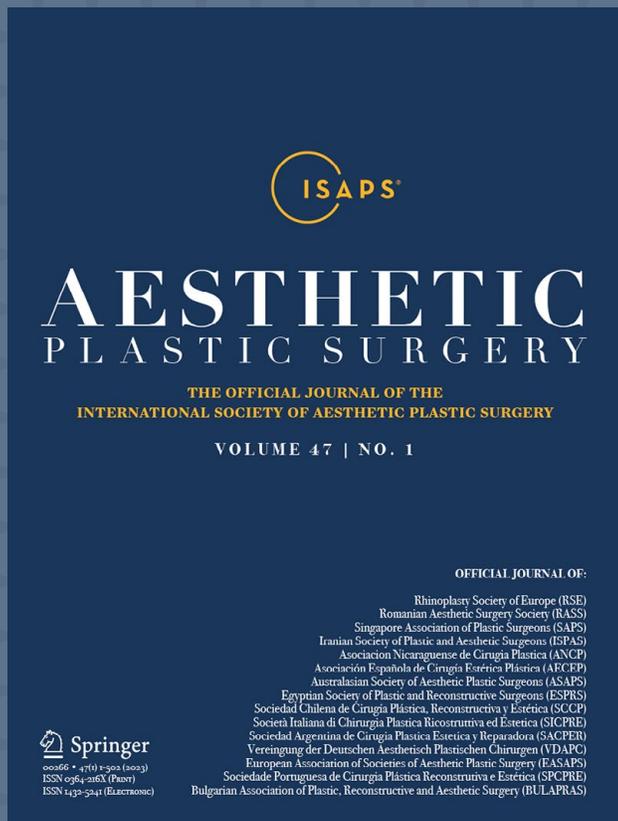


developed mental health issues such as anxiety, sleep disorders, and depression. They are advised to seek medical care from their personal physician. Patients should never self-medicate with mood-altering drugs that are purchased online without a physician, physician’s assistant, or nurse practitioner’s prescription or obtained from another person.

- Plastic surgeons are not trained to treat mental health issues such as depression, anxiety, or sleep disorders.

Be forthright with patients requesting prescriptions to treat mental health issues and refer them back to their personal physician for care.

- There are many treatment options for patients who are addicted to opioids including the drug suboxone and drug addiction rehabilitation programs.
- Fentanyl test strips have some benefits but may not be widely available²⁴.



Aesthetic Plastic Surgery Journal Announcement

After eight years of leading ISAPS’ Official Journal: Aesthetic Plastic Surgery (APS), our esteemed Editor-in-Chief, Bahman Guyuron, has decided to step down from his post later this year. A committee has been appointed by the Board to search for a **new Editor-in-Chief**, and as part of the process, we are calling for expressions of interest to take over this leadership role and to continue the Journal’s longstanding success.

Application deadline is **March 31, 2023**

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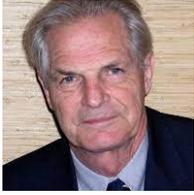
BioScience, German Pioneer in Hyaluronic Acid fillers, is preparing the next two editions of BioScience Global Academy in Dubai and Madrid. It is a three-day face-to-face course, including hands-on training sessions for an exclusive and recognized group of doctors. This program will prepare you to lead the change in body shaping with minimally invasive procedures, a global trend.

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DENYS MONTANDON, MD - SWITZERLAND

PART 2. BONE DISTRACTION OSTEOGENESIS SURGICAL USE OF PROGRESSIVE TISSUE EXPANSION AND ELONGATION SINCE ANTIQUITY

THE BED OF PROCRUSTES

In Greek mythology, Procrustes (Προκρούστης “the stretcher [who hammers out the metal]”), was a bandit living on the sacred way between Athens and Eleusis. He invited every passer-by to spend the night on a special iron bed. If they did not match the length of the bed, he would forcefully stretch and elongate them to fit the bed. In other myths, Procrustes would amputate the excess length if the guest was too tall. In fact, nobody ever fit the bed exactly. Fortunately for the travelers, Procrustes was captured by the hero Theseus. The bandit did not survive, but the “bed of Procrustes” has become proverbial for arbitrarily forcing someone or something to fit into an unnatural scheme or pattern¹.

Reducing limb fractures and joint dislocation by progressive stretch and traction is a very old method, previously promoted by Hippocrates (5th century BC), who described a kind of external fixation for the permanent extension of long bones. The extension consisted of two leather rings positioned above and below the site of the fracture. Four pieces of wood were then wedged between the rings at an equal distance

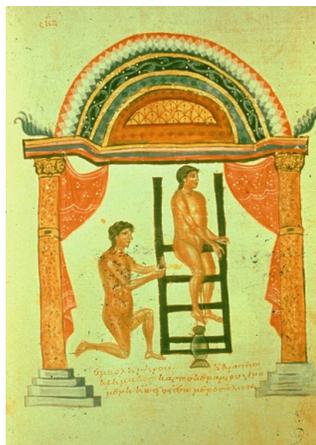


Figure 1: Niketas codex; hip traction on a scale, according to Hippocrates.

around the leg holding the rings apart, the device allowing for the patient’s body weight to be transferred between the rings rather than the bone. Hippocrates also described traction devices for other deformations like joint dislocations.

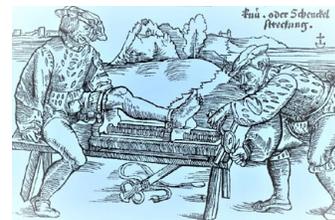


Figure 2: Limb extension bed (Von Gersdorff 1517).

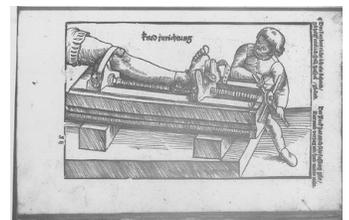


Figure 3: Straightening of the leg (Von Gersdorff 1517).

In 1500 AD, paintings referring to these methods were discovered in Greece. The *Niketas Codex* included 30 drawings exhibiting various traction and manipulation techniques for the treatment of spinal and limb deformities (Figure 1). Much more elaborate were the elongation devices used during the Renaissance to reduce fractures and dislocations, as exemplified by the special bed drawn in Hans von Gersdorff’s treatise *Feldbuch der Wundarzney* (“Field Book of Surgery”) in 1517, allowing very slow traction on the lower limbs thanks to a rotating screw (Figures 2 and 3).

LIMB’S ELONGATION

Attempts at elongating short or malformed limbs started during the early 20th century with reports of patients



operated by Alessandro Codivilla² of Bologna, who made oblique osteotomies and applied continuous traction of 25 to 30 kg through a calcaneal pin. However, the high level of complications, like dead skin, infection, and failure of the bone to join, did not encourage other surgeons to adopt his method. Putti, in 1921³, reported an external distraction device

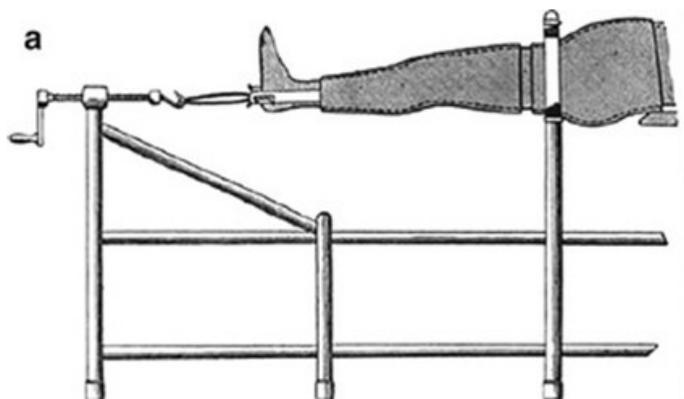


Figure 4: Codivilla apparatus for limb distraction.

for femur lengthening consisting of pins attached to bone segments and connected with a telescoping device and an internal spring that applied traction to the bone segments. In 1932, LeRoy C. Abbott presented his experience with lower limb lengthening of 73 patients (45 tibial lengthenings) at the Shriners' Hospital for Crippled Children in St. Louis. The basic principle was an osteotomy of the tibia and fibula and a slow continuous traction to overcome soft tissue resistance, and precise contact and alignment of the bone ends by applying two pins above and below the osteotomy, connected to a special apparatus (Figure 4).

However, most of our contemporary knowledge about bone lengthening originates from the Ilizarov method. In the 1950s, the USSR surgeon **Gavriil Ilizarov** (1921–1992) (Figure 5) observed that by carefully dividing a long bone without severing the periosteum after 7 to 10 days and applying a distraction device through an external fixator system, he was able to stimulate bone growth between the two fragments. Originally, in 1951, the material and the procedure were inspired by a shaft bow harness and bicycle parts used for the frame. After studying the biological laws of tension stress or distraction osteogenesis, Ilizarov applied its principle to various conditions, such as bone shortening, non-union osteomyelitis, dwarfism, congenital deformities, bone defects, and problematic fractures⁴.

Although more and more patients were treated successfully by this method, Ilizarov faced skepticism and resistance, mainly from the medical establishment in Moscow, where he was considered a quack. However, having successfully treated hundreds of patients throughout the country, including Valeriv Brumel, the 1964 Olympic champion and long-time world record holder of the high-jump, Ilizarov became increasingly known as “the magician from Kurgan,” in his city of residence in Siberia. Nevertheless, he remained unknown in western countries up until 1981, when, after the successful treatment of the famous Italian explorer Carlo Mauri, who called Ilizarov “the Michelangelo of Orthopedics,” he was invited to an orthopedic meeting in Italy where he received a standing ovation for his invention.

In 1982, the Association for the Study and Application of the Methods of Ilizarov (ASAMI) was formed in Italy and organized courses in several European countries. Only from 1986–1987 was the technique brought to North America and became a standard orthopedic procedure worldwide. Bone lengthening is now applied to lengthen the different levels of the upper and lower limbs. A special mention should be given to the Bulgarian surgeon, Ivan Matev, for the report of thumb reconstruction through elongation of the first metacarpal⁵.



Figure 5: G.A. Ilizarov 1991.

DISTRACTION OSTEOGENESIS IN THE CRANIOFACIAL SKELETON

Although the expansion of the hard palate had been performed for decades by orthodontists and several canine experimental distraction osteogenesis of the craniofacial region in dogs, we owe recognition to **Joseph McCarthy**, who in 1992⁶, first reported distraction osteogenesis procedures in patients with congenital mandible deformities, which was first published during the 1980s.

In a recent editorial for the 30-year anniversary of this innovation, Roberto Flores pointed out that, ironically, Ilizarov, himself was an inpatient at New York University while McCarthy was developing the technique of craniofacial



distraction in dogs. Taking this opportunity, McCarthy visited Ilizarov and presented his idea of applying the principles of distraction osteogenesis to the mandible; however, Ilizarov dismissed McCarthy's idea, claiming that it would never work.

Since 1992, several large series with longer follow-up periods have appeared. After mandibular osteotomies and a waiting period of a few days, a slow distraction is applied through various pins and devices, which may be external to have better control, or inside the mouth to hide the apparatus. More recently, distraction osteogenesis has been applied to advance the skeleton for all kinds of mid- and upper-face congenital and post-traumatic deformities such as the Lefort1, 2, or 3 impacted fractures. Anterior and posterior vault distraction has also been achieved to correct cranial deformities.

CONCLUSION

For generations, mankind acknowledged the possibilities of tissue growth when submitted to progressive physical expansion, traction, or distraction. Except for the reduction of fractures and dislocations and a few scattered reports,

one had to wait until the end of the 20th century before surgeons could make real practical use of distraction to stimulate the natural phenomenon of osteogenesis, thanks to pioneers like Ilizarov and McCarthy.

The complex phenomenon of osteogenesis in bone lengthening is similar to the "secondary healing" of disrupted post-traumatic fractures. After hematoma formation and a variable latency period, fibrocartilaginous callous formation starts progressively. The latency period allows an organization of the hematoma and the fibrous tissue matrix, which will serve as a mold for osteoblast proliferation. Ilizarov considered the preservation of the periosteum and the medulla vascularization as mandatory to obtain better results on distraction osteogenesis. Ultimately, the callous undergoes remodeling and is replaced by hard bone. Elongation of muscles, aponeurosis, nerves, and skin, follows, according to Ilizarov, the *Law of Tension-Stress*. He postulated that the simultaneous distraction of the soft tissues results in both a reorganization of collagen and other connective tissue elements and neo-histogenesis.

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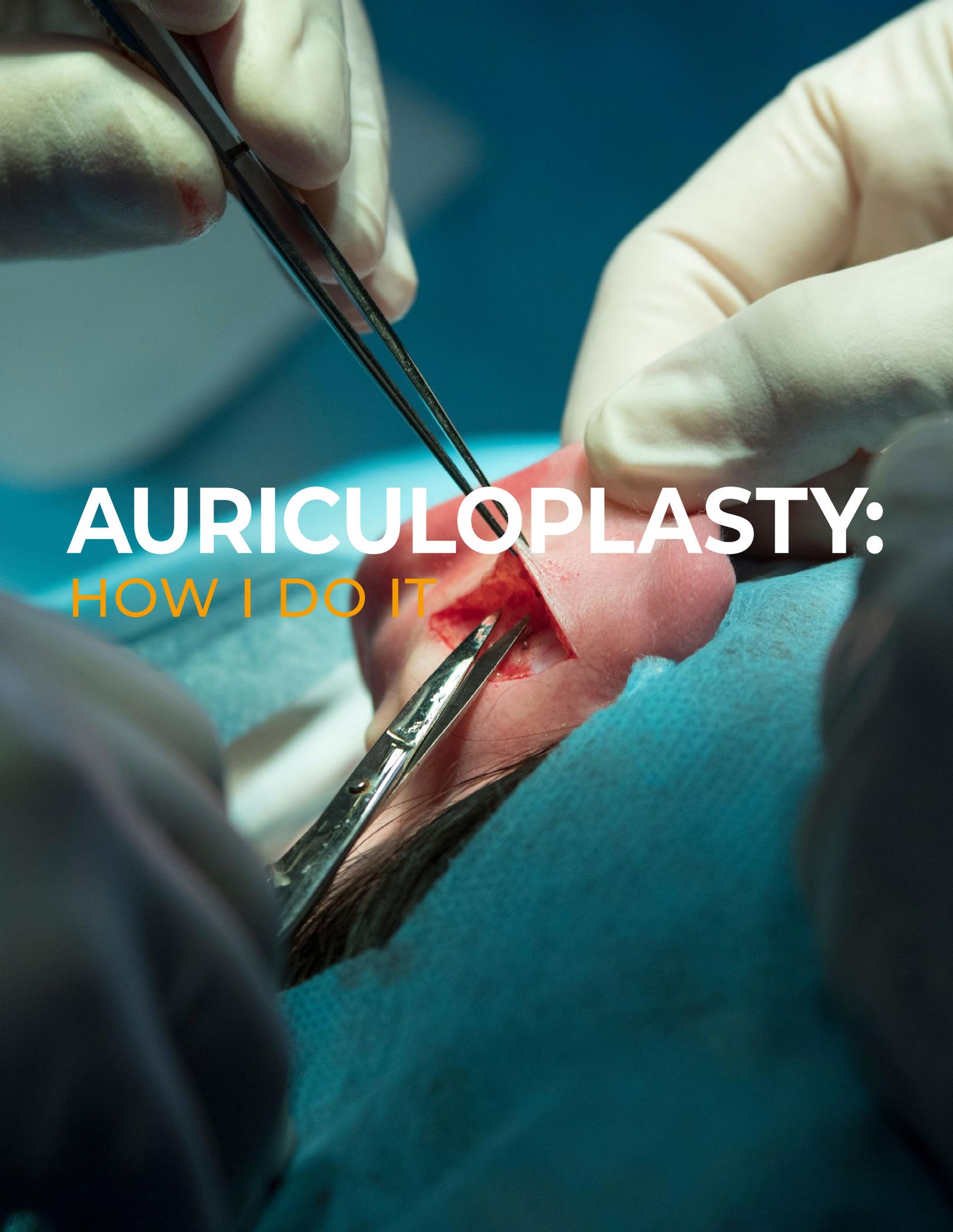
1. Mentor Worldwide LLC. Mentor Worldwide Sales Data - Q1 2019

2. Based on patient survey at 10 years in the Mentor® MemoryGel® Breast Implant 10-Year Core Gel Clinical Study Final Report. Mentor Worldwide LLC. MemoryGel® Core Gel Clinical Study Final Report, April 2013.

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AURICULOPLASTY: HOW I DO IT



GERLYA ASIROVA, MD, PHD - RUSSIA



DIANA ALMEIDA, MD - RUSSIA



SALEM MADINA, MD - RUSSIA

MY WAY TO RESHAPE ANTIHELIX

INTRODUCTION

Protruding or prominent ears can be very frequent and have a significant social and psychological impact, especially at a young age. Otoplasty changes the shape and, in some cases, the size of the ear, by working on two crucial points of the anatomy: the hypertrophy of the conchal bowl and the undeveloped antihelix fold. Generally speaking, there are two different approaches to auriculoplasty: cartilage cutting and cartilage sparing techniques, being cartilage sparing techniques safer but with limited aesthetic results. Despite the “simplicity” of this surgery, every day we receive more patients who consult after having complications and unsatisfactory results associated with aesthetic otoplasties performed by other surgeons. This article aims to show how we safely get the best aesthetic result and avoid the most common complications.

SURGICAL TECHNIQUE

Usually, we mix both cutting and sparing techniques to do primary auriculoplasty. We prepare the surgical field including both ears to be able to check symmetry at every



Figure 1: Patient before and after bilateral otoplasty with scapha excision. Notice the hypertrophy of the auricles, in this patient, was necessary to excise the excess of scapha cartilage by a half-moon shape incision.





Figure 2: Patient before and after bilateral otoplasty with scapha excision. Notice the hypertrophy of the auricles, in this patient, was necessary to excise the excess of scapha cartilage by a half-moon shape incision.

point of the surgery. Under local anesthesia, a skin incision is made according to the preliminary marking in the posterior surface of the auricle, following the antihelix disposition. The posterior surface of the scaphoid fossa cartilage is dissected; we use syringe needles to determine the precise features of the antihelix fold and we make four incisions of 2-3 mm along the outer edge of the antihelix, in the posterior surface of the cartilage. The suture will pass through these punctures to plicate the antihelix with 5-0 non-absorbable mattress sutures. It's important to follow the shape of the antihelix and be sure that the sutures take the whole cartilage thickness. The skin excess is excised and closed with an intracutaneous non-absorbable suture (Figures 1 and 2).

Most common complications associated with antihelix manipulation:

1. Overcorrection of the antihelix or hidden helix: this usually happens when the technique is exclusively cartilage-sparing and uses only extremely tight sutures to hold the shape of the new antihelix fold. We usually solve this complication by doing a full-thickness incision in the tightest point of the helix cartilage to release the tension and improve the projection of the ear.
2. Sagged helix: The opposite situation takes place when the entire border of the antihelix is released by full-thickness incisions and reshaped by mattress sutures. It generates a lack of support for helix cartilage and it starts to sag. The punctures that we perform prevent both complications, reaching a midpoint between releasing the antihelix completely or nothing at all, so we can change the projection of the ear without extremely tight sutures, and without losing support to the helix, so it won't fall.

KEY POINTS

- Avoid making cuts in the anterior surface of the cartilage, the scars can be noticeable through the thin skin of the ear.
- Accurately follow the natural position of the antihelix fold.
- Take special care of the tightness applied to the sutures.
- Small incisions in the posterior surface of the antihelix fold help us to prevent hidden and sagging helix.

CONCLUSION

With this technique, we have had more than 100 patients with good results and avoided the already-mentioned complications. Otoplasty is a safe surgery that can be done under local anesthesia and by using this technique, it's possible to achieve excellent and more stable aesthetic results. Complications in otoplasty are unexpectedly common and the correction surgery can be a challenge for inexperienced surgeons (Figures 3 and 4).



Figure 3: Pediatric patient before and after bilateral otoplasty.



Figure 4: Pediatric patient before and after bilateral otoplasty.

Patient approval to use photos provided to author.



POWER-ASSISTED OTOPLASTY



JOSE E. TELICH-TARRIBA, MD -
MEXICO

Prominent ears are a common malformation of the external ear that, while not life-threatening, can cause significant psychological distress due to issues with self-image or bullying. Otoplasty, a surgical procedure to alter the shape and projection of the ears, can improve quality of life and often results in high levels of patient satisfaction¹.

There are various techniques and modifications that have been described in the medical literature for improving ear shape and projection, each with varying degrees of success. When reconstructing the antihelical fold, the goals of surgery include correcting protrusion, creating a smooth and regular antihelix, and achieving symmetry².

Ideally, patients should undergo otoplasty at ages four to six, as the ear cartilage at this age is pliable and elastic. However, in our practice, most patients requesting otoplasty are adults, making suture-based techniques such as the Mustardé Procedure more difficult².

Additionally, permanent sutures may cause problems in the long-term, such as being palpable or visible, erosion of the suture material, and even recurrence of the deformity if the suture becomes loose.

Cartilage scoring techniques utilize the natural tendency of cartilage to bend. Traditional methods involve making sharp incisions or manually rasping the cartilage, but these can result in uneven scoring³. To avoid these issues, we have modified the procedure by using a power-assisted tool to score the cartilage, a technique we call “power-assisted otoplasty”.

SURGICAL TECHNIQUE

The face is prepped and draped, and local anesthetic is administered on the anterior and posterior auricular



JOSE TELICH-VIDAL, MD -
MEXICO

pavilion. The ideal position of the antihelix is determined using a pinching maneuver, and the cartilage is tattooed with methylene blue, introducing needles that pass through the full thickness of the ear.



Figure 1: Incision for the removal of skin over the postauricular sulcus.



Figure 2: Incision of the auricular cartilage and dissection of skin from the antihelical fold.

An ellipse of retroauricular skin is then removed from the postauricular sulcus, and subperichondral dissection is performed (**Figure 1**). The cartilage is incised along the tattooed line, freeing the helix from the antihelix and the superior crura (**Figure 2**).



Figure 3: Use of a diamond drill for gradual cartilage scoring.

Next, anterior skin dissection is carried out, and the anterior surface of the cartilage is weakened using a diamond drill (continuous rinsing is important to prevent heat-induced chondronecrosis) (**Figure 3**). Once the desired shape of the fold is achieved, skin closure is done using simple 3-0 nylon sutures, and a vaseline-





Figures 4 and 5: Case example of bilateral prominent ear correction in an adult female.

coated cotton splint is applied. The splint is removed 24 hours later, and a headband is worn for two weeks. The stitches are removed 14 days after surgery.

CONCLUSION

Power-assisted otoplasty allows for creating a smooth and round antihelical fold while minimizing the potential for long-term complications associated with suture-based techniques. It is important to perform a thorough preoperative evaluation prior to any procedure, and a combination of techniques may be necessary when patients present with additional alterations, such as a prominent concha or lobule (Figures 4 and 5).

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OPEN, THROUGH AN ANTERIOR SKIN INCISION ALONG THE SCAPHA, THINNING THE ANTIHELIX WITH A DERMABRADER, AND FOLDING IT WITH 2-3 U-SUTURES



GOTTFRIED LEMPERLE, MD, PHD - GERMANY



KATJA KASSEM-TRAUTMANN, MD, FMH - SWITZERLAND

Common otoplasties through incisions behind the ear often leave an irregular surface of the antihelix after blind scoring, scratching, or fracture. To avoid these little complications, a skin incision along the ventral anti-helical fold (scapha) is used to thin and fold the flat antihelix under vision. The dorsal

ear skin is lifted with a local anesthetic to prevent later puncturing when performing the mattress sutures (Figure 1).

After local anesthesia of the ventral ear skin (Figure 2), an incision along the scapha allows blunt lifting of the ventral ear skin towards the concha and exposes the cartilaginous antihelix (Figure 3). Its later shape is marked with ink and the thickness of the cartilage is thinned with a dermabrader by half (Figure 4) or until one sees the gray of the inner cartilage. Thereby, the index finger of the holding hand is best positioned behind the antihelix. The absolute smooth surface is now folded under vision, held



Figure 3: An incision is made in the antihelical fold (scapha) and the ventral skin of the ear is bluntly dissected from the perichondrium.

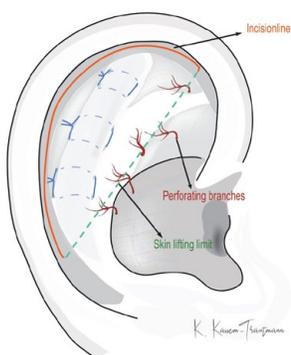


Figure 1: Our technique of dissecting the ventral skin to the conchal rim and fixing the abraded and folded antihelix with absorbable U-sutures.



Figure 2: The ventral and the dorsal ear skin is injected with lidocaine. In addition, the anticipated shape of the antihelix can be marked with piercing a colored ink needle.





Figure 4: A diamond grinder is used along the anticipated antihelix to abrase the perichondrium and thin the cartilage until it bends by itself.



Figure 5: After the antihelix almost folds by itself, it is fixed with two or three monofil absorbable U-sutures.



Figure 6: The antihelix is folded and fixed; but the upper pole still needs to be folded with a U-suture.

between forceps (Figure 5), and fixed with three non-absorbable mattress sutures (Figure 6). A thin drain to prevent hematoma is pulled the next day (Figure 7) and the subcuticular suture can be pulled after 8-10 days (Figure 8).

This technique was developed in 1985 at the Markus-Hospital in Frankfurt, Germany¹, and has since been performed on over 1,000 patients with optimal results and a low complication rate. The skin flap is so well

perfused that we experienced no skin necrosis and only 4% wound healing problems².

This approach from ventral is safe, time-saving, and avoids contour irregularities of the antihelix often seen after traditional techniques. It can easily be imitated³ and left to beginners in plastic surgery without hesitation. The fear of hypertrophic scars or even keloids can be dispelled with the fact that ear keloids only occur after wound infection⁴.



Figure 7: The skin is put back and the wound edges are adapted with a subcuticular suture.



Figure 8: One week later, the suture is pulled by the parents. The result is an absolutely smooth and inconspicuous antihelix.

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JAIME ANGER, MD, PHD - BRAZIL
ISAPS Patient Safety Committee

PEDIATRIC PROMINENT EAR CORRECTION

Many techniques, methods, and ancillary procedures are described for prominent ear surgical correction and it is possible to summarize two different aspects of techniques. The aim of one, which is my preference, is to create a “normal” anatomy based on cutting, molding, and fixing structures. The second is based on scratching and thinning cartilages. Although, in my opinion, the unaesthetic conchoscaphal angle must be always treated by cartilage removal and by redesigning the concha.

My experience is based on more than 1,500 surgeries working in a pediatric plastic surgery section for more than 40 years. I chose some aspects I consider relevant for discussion.

1. I have been operating on children four-years-old or above because at this age the development of the ear is quite complete. Younger cartilages are thinner and more flexible, and easier to fix promoting a long-lasting result. We must interact with the parents on the specifics of the procedure. I measure the parents’ ears and compare them to the patient’s. I also establish 5.5 cm as the minimal diagonal ear dimension to indicate the surgery (**Figure 1**).

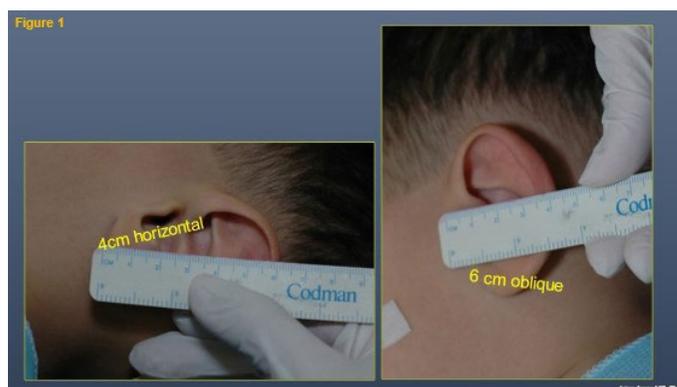


Figure 1: The minimal diagonal ear dimension to indicate the surgery is 55 mm.

2. Marks and skin resection: I think the result is not related to the amount of skin resection so I design a posterior elliptical with a maximum of 1 cm width access. The final scar must be situated in the posterior sulcus.
3. The U antihelix sutures: to recreate the superior crura are historically marked with trespassing needles and ink, but I don’t use needles because they frequently dislocate or escape during the procedure. After the skin incision and





Figure 2: The 4-0 black mononylon thread used as a marker.

posterior cartilage partial exposure, I trespass the ear with a black mononylon 4-0 stitch in the marked points, beginning at the anterior surface. I use colorless mononylon 4-0 threads for the U sutures to mold the superior antihelix crura (Figure 2).

- Cartilage procedures: I always resect part of the concha at the cartilage angle. It is an 8-design, with the medial stretch zone situated at the end of the helix crus. The inferior resection design follows the concha cavum through the external auditory canal, its extension and width depend on the inferior concha cavum angle and the antitragus projection and angle. In patients presenting excessive anterior lobule projection, the cartilage incision may reach 1 mm from the auditory canal, minimizing the resistance to fix the intertragic notch to minimize the lobule projection. After conchal resection, the medial resultant border is fixed to the mastoid in a calculated position to avoid the auditory canal stretching (Figure 3). The lateral border is fixed to the mastoid with two non-absorbable sutures. The fixation must result in a separation of the conchal cartilage resection borders to avoid a final horizontal stretching of the ear (Figure 4). I use colorless mononylon 4-0 thread. First, I fix the inferior conchal area and then the superior part. This surgical sequence is easier and helps to position the ear better.



Figure 3: The medial resultant border is fixed to the mastoid to avoid the auditory canal stretching.

- Closure of the incision and post-op. care: the skin borders are approximated with absorbable monocril 5-0 intradermic threads to prevent the need to take the sutures out, a very difficult maneuver in young children. The bandage is made with wet gauze strips adapted to the ear contour, including the cervical area. It remains for three to four days. I do not indicate any type of band. The result must be recognized at the end of the procedure and must be definitive.



Figure 4: Separation of the conchal cartilage resection borders to avoid a final horizontal stretching of the ear. Note also the final horizontal dimension enlargement.

I present two cases, the first at 6-years-old with a nine-year follow-up (Figure 5), and the second submitted to surgery at 4-years-old with an 18-month follow-up (Figure 6).



Figure 5: Case study with a 9-year follow-up.



Figure 6: Case study with surgery at 4-years-old and an 18-month follow-up. (Permission received from the parents of both patients).

Patient approval to use photos provided to author.



FUNCTIONAL AND AESTHETIC AURICULOPLASTY WITH ANTERIOR APPROACH



CELSO A. ALDANA MD, PHD - PARAGUAY
ISAPS Residents Education & E-Learning Committee

INTRODUCTION

Several otoplasty techniques have been described, with anterior, posterior, or combined approaches¹. Gola published an interesting technique that recovers the advantages of other proposals², mainly that of Converse and Wood-Smith, which makes cartilaginous incisions and sutures to form the antihelix, adding the resection of a portion of the concha to reduce its size³. He also considers the Gibson and Davis proposal to perform a subperichondral dissection associated with anterior cartilaginous incisions⁴. For this, he uses an anterior approach, respecting the anatomy of the ear vessels and nerves, without stenosis of the external auditory canal, avoiding the inconveniences of posteriorly located keloid scars. This functional and aesthetic otoplasty corrects the usual anatomical defects that cause protrusion of an ear⁵.

SURGICAL TECHNIQUE

In this technique, I use local anesthesia. First, I infiltrate the cervical plexus at the tip of the mastoid and then I infiltrate the anterior face of the ear. I also inject the tissues behind the cartilage to separate it from the posterior cartilaginous plane. I make the skin incision in the scaphoid groove from above to the area of the antitragus.

I dissect in the subperichondral plane exposing the scapha, the antihelix, the triangular fossa, and the peripheral zone of the auricular concha. If the auricular concha is hypertrophied, I perform a cartilaginous resection on its periphery. It is a

crescent-shaped resection, not very wide so as not to change the shape of the concha, but the amount necessary to obtain the desired effect. The resection is approximately 3 mm wide. I then suture the cartilage with a 5.0 non-absorbable suture.

I make transfixing cartilaginous incisions on the periphery of the anti-helix. One incision is posterior (vertical) and separates the antihelix from the scaphoid groove. Another incision is anterior (vertical), is shorter, and separates the antihelix from the triangular fossa. The third incision is superior and separates the antihelix from the helix. In addition, I add non-transfixing cartilaginous incisions, parallel to each other, located on the convexity of the antihelix.

The transfixing cartilaginous incisions respect the posterior skin and serve to break the cartilaginous continuity, facilitate plication, and reduce the possibility of the ear returning to its original shape. Non-transfixing cartilaginous incisions combat the cartilaginous spring². These are performed with direct vision control and reduce the risk of recurrence.

I carry out the plication with non-absorbable threads of 5.0. I avoid including the posterior skin with the suture thread. I place three or four points until I get the desired shape. The points are oriented towards the center of the auricular concha.

Thus, concha hypertrophy is treated with cartilage resection, while antihelix plication defect is resolved with cartilage incision without any type of resection.



RESULTS

I treat the concha first and then I treat the antihelix. The advantage of starting with the concha is that the need to perform plications at the antihelix level is reduced, obtaining a more natural result (Figures 1, 2, 3, and 4).

CONCLUSION

Many otoplasty techniques have been described. Each technique has advantages and disadvantages, and they are performed with different approaches.

For me, functional otoplasty is a very interesting technique because it uses the anterior approach. With this technique, I correct all forms of prominent ears, respecting the anatomical elements of the ear and with direct control of the view.



Figure 1: Concha hypertrophy is treated with cartilage resection, while antihelix plication defect is resolved with cartilage incision without any type of resection.



Figure 3: Concha hypertrophy is treated with cartilage resection, while antihelix plication defect is resolved with cartilage incision without any type of resection.



Figure 2: Concha hypertrophy is treated with cartilage resection, while antihelix plication defect is resolved with cartilage incision without any type of resection.



Figure 4: Concha hypertrophy is treated with cartilage resection, while antihelix plication defect is resolved with cartilage incision without any type of resection.

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GUEST ARTICLE FROM ISAPS GLOBAL SPONSOR



VASER® ULTRASOUND-ASSISTED LIPOSUCTION IS IDEAL SYSTEM FOR FAT TRANSFER

Research Reveals VASER Lipo® Yields Fat as Viable As Conventional Liposuction

According to a study conducted at the University of Pittsburgh, human fat harvested by VASER® ultrasound-assisted liposuction (Solta Medical®), is as viable as fat collected by conventional suction assisted liposuction, with nearly 80% volume retention¹.

The study, led by Dr. J. Peter Rubin, Associate Professor of Plastic Surgery at the University of Pittsburgh, is the first research to establish strong support for VASER Lipo as a collection method of choice for fat transfer procedures.

The study investigated tissue samples of a female subject who underwent lipoplasty of the thighs and flanks. Detailed cellular viability analysis was performed on tissues collected, each having undergone VASER Lipo and suction-assisted liposuction on the body area. The researchers found little or no difference at the cellular level between the treatments, concluding that VASER Lipo is just as effective in yielding viable fat cells as suction-assisted liposuction devices. Results at six weeks showed 78% of the filtered fat survived by volume, regardless of the method of extraction¹.

“The highly selective nature of VASER’s ultrasound energy promotes increased fat viability, making it ideal for fat transfer procedures,” said Simon Davies, Dir., VASER, EMEA. “We believe

this important research will pave the way for widespread adoption of VASER ultrasound-assisted liposuction as the preferred method for fat transfer.”

The study’s findings support recent physician feedback that the VASER Lipo System is the leading technology for fat harvesting and fat transfer procedures, with unrivaled body sculpting capabilities.

ABOUT VASER LIPO

The VASER Lipo System features gentle ultrasonic energy that uses sound waves to selectively target unwanted fat². The CE mark and FDA-cleared device uses small probes that emit ultrasound energy to gently break apart fatty tissue for easy removal without destroying the fat cells themselves³. This means physicians can immediately remove, harvest⁴ and re-inject the fat to contour and augment other parts of the body, including the face, hands, breasts and buttocks. The VASER Lipo System, one of the most respected body contouring technologies on the market, is the cosmetic enhancement tool of choice among top physicians who have patients who want both of these procedures in one appointment.

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ISAPS CULTURE



SAED KALDARI, MD - QATAR
ISAPS National Secretary

WORLD CUP 2022: A HISTORIC MOMENT FOR ARAB CULTURE AND SPORT

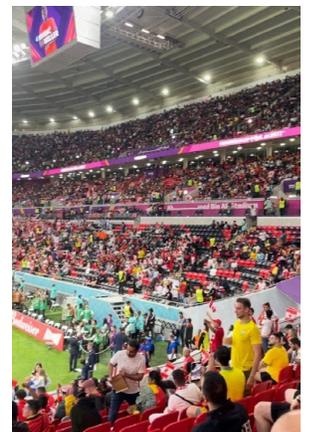
The awarding of the hosting rights for the 2022 FIFA World Cup to Qatar created a buzz of excitement and anticipation as the Arab world eagerly awaited the historic event. As expected, the tournament was a milestone in the history of football, with the Arab world making its proud debut as a FIFA World Cup host.

The host country, Qatar, pulled out all the stops to ensure a successful tournament, investing heavily in state-of-the-art stadiums and infrastructure.

One of the most impressive aspects of the tournament was the seamless organization, which was a testament to the meticulous planning and attention to detail by the Qatari authorities. Everything was top-notch, from the transportation to the accommodations, making the experience for players and fans truly unforgettable.

Another highlight of the tournament was the incredible atmosphere generated by the fans. Despite the compact nature of the tournament, with all the games held in just eight venues, the stadiums were packed with passionate supporters from around the world, creating a unique and electric environment.

The host country's commitment to sustainability was also evident, with several environmentally-friendly initiatives implemented throughout the tournament. For example, the solar-powered cooling system at the Lusail Stadium was a first-of-its-kind



Stadium at the FIFA World Cup Qatar 2022.





FIFA World Cup Qatar 2022 opening ceremony.

solution, reducing the tournament’s carbon footprint and setting a new standard for future World Cup competitions.

The **FIFA World Cup Qatar 2022** was also a testament to the outstanding healthcare system provided by the host country. The Qatari authorities went above and beyond to ensure the health and safety of all participants and fans, implementing a range of comprehensive measures to ensure a safe and successful tournament.



Downtown Doha from a distance.

The tireless efforts of the volunteers deserve recognition as well. They went beyond expectations to ensure the seamless operation of the tournament, working tirelessly to make the World Cup a success. Their selfless dedication is a testament to the host country’s commitment to organizing the competition at the highest standard.

The World Cup also provided a platform to showcase the Arab region’s cultural richness and modern advancements to the world. Furthermore, it opened up new possibilities for economic growth and social progress in the area.

In conclusion, the FIFA World Cup Qatar 2022 was a resounding success and will go down in history as one of the most memorable editions of the tournament. The host country should be proud of its efforts and its positive impact on the sport of football.



Doha at night.



ARGENTINA: A CELEBRATION OF THE WORLD CUP ACHIEVEMENT GOES FURTHER THAN THE SPORT ITSELF



FABIAN CORTIÑAS, MD - ARGENTINA
Co-Editor, ISAPS News

At the end of 2022, the world was immersed in the frenzy of the FIFA World Cup, it even caught the attention of those who normally don't pay attention to sports.

From very distant points around the globe and over the course of several weeks, millions of people were living in football mode, making the focus on the matches and placing their



Street celebration in Argentina.

normal, everyday lives on hold.

As the championship progressed and the Argentinian team showed a promising outcome, certain surgeries were postponed, shopping centers closed, public transportation was reduced to a minimum, the streets were empty and once noisy and bustling areas were quiet.

The only one thing that broke the deep silence was the celebration when each step of the conquest was achieved.

From the stands, we were witnesses to an interesting and amazing social phenomenon: people making arrangements to meet each other to watch the match, meeting at bars, houses, or, in specially designed areas. During the match, there was much chatter, arguing, and virtual interaction with the players, from offering game strategy advice, to screaming, as everyone commiserated with the actual players on the field.



Me at home getting ready to watch the big game.

Throughout those 90 minutes, fans behaved like real players to the point of physical and emotional exhaustion. Even those who weren't fans, but decided to partake in the excitement, could not remain indifferent and got trapped by the atmosphere and energy taking place around them.

On the field, where the protagonists were, we watched a competition with young guys capable of bringing unexpected



performance, both physically and mentally, with maximum coordination, strategy, and tactics.

Beyond the spectacle itself and being a part of the many speculations of how far the Argentinian team would make it, was a life lesson to fans. The team members showed a high level of dedication to their personal and professional lives with their training, perseverance, and humility, and **taught us that big achievements are based on hard work and meritocracy.**

Not being a football fan, I learned from those young gentlemen a lesson of life – a valuable one at that.



Local woman wearing the Argentinian soccer colors.



Street celebration in Argentina.





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ISAPS TRAVEL



ANEESH SURESH, MS - INDIA

PETRA: FROM A ROCK TO THE WONDER OF THE WORLD

Chris Martin from Coldplay had this to say about Jordan before their spectacular sunrise and sunset gig, 'Everyday Life', at the Citadel in 2019 with a spectacular backdrop of downtown Amman, "I think we've come here because it's in the very middle of the biggest zone that bands like us seem to feel they can't go to - and because it's in the middle of this region which we are told to be a bit scared of at the moment. So we kind of thought, 'Let's go there, right to the middle, then.' To break some of that thinking."

Jordan was catapulted into the tourism world after the induction of Petra as a new wonder. Petra, a UNESCO World Heritage Site, was granted the status of the 'New Seven Wonders of the World' in 2007 (*Figure 1*). Having been built as early as the 3rd century BC, this site remained unknown until the 18th century when it was discovered by a disguised Swiss traveller. Since then, it has found its way onto the bucket list of many. This architectural marvel has distilled the skills and traditions of the Arab Nabateans (nomadic Arabs), Edomites and Romans creating the legacy that stands today.

Wadi Musa, or the 'Valley of Moses', is the gateway to this ancient preserved city of Petra and home to Ain Musa. Belief has it, that Moses walked through this valley and when

he struck a rock on God's command, water gushed out and was labelled Ain Musa (Spring of Moses).

The drive from Amman, the capital of Jordan, to Wadi Musa through the King's Highway was a love affair. For more than 5,000 years, this was a trade route connecting the Arab world with the Nabateans and Romans. Now it serves as the lifeline of Jordan. From the bustling streets of Amman to the oasis of

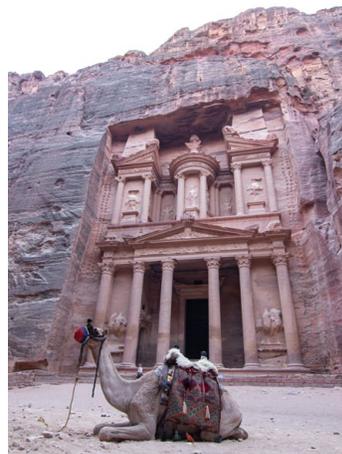


Figure 1: Petra, a UNESCO World Heritage Site was granted the status of the 'New Seven Wonders of the World' in 2007.



Ma'in, and from the lunar landscape of Wadi Rum, to the port town of Aqaba, this highway is the melting pot of Jordan itself.

Once you arrive at Wadi Musa, you need to use your legs to witness the bounty. The much-awaited ramble traverses the Siq, a narrow winding passage flanked by high sandstone walls on either side (Figure 2). Each turn raises the suspense and you wonder, "Is this when I first lay my eyes upon the Treasury?" The ever-changing shades of the sandstone walls and the ingenuity of the Nabatean water system will hold you in



Figure 2: The Siq, a narrow winding passage flanked by high sandstone walls on either side.

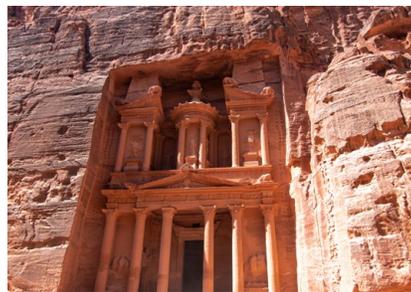


Figure 3: The first rays of sun hitting The Treasury, the most famous temple of Petra.

awe along the way. The crescendo of suspense culminates into a sense of fulfilment on finally laying your eyes upon something that you've dreamt of for so long.

The Treasury or Al-Khazneh, the most famous temple of Petra, was carved into the face of a sandstone mountain (Figure 3). It earned the moniker due to the symbolic urn on top of the front entrance holding the treasure. To see sunlight slowly creeping on the walls of the Treasury was magical!

Soaking in the moment and continuing along the trail, I witnessed the blueprint of the erstwhile city, an amphitheatre

carved straight out of a mountainside (Figure 4), the streets which served as the marketplace of the Nabateans, and giant royal tombs, to finally arrive at the Monastery (Figure 5).



Figure 4: An amphitheatre carved straight out of a mountainside.

I call the Monastery, an elder sibling of the Treasury. Similar in design to the Treasury but bigger and more expansive, it



Figure 5: The Royal Tombs.

derives its name from the crosses carved on the inside walls, suggestive of its use as a church in the past (Figure 6). A short hike to a vantage point gives you great views of the Monastery and the opposite valley.

Petra, the "Rose City", is a timeless symbol of Jordan. This beautiful country is packed with culture, stunning

landscapes, delicious food and, the undeniable warmth of the people of Jordan. It offers you something special, a chance to visit one of the wonders of the world, a nomadic experience in the desert, the surreal feeling of floating in the Dead Sea or riding along the fabled King's Highway.



Figure 6: The Monastery or Ad-Deir, the second most visited monument in Petra.

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LUXEMBOURG – THE DESTINATION FOR THIS SPRING



CEZAR BUZEA, MD - LUXEMBOURG

The small country of Luxembourg (**Figure 1**), also known as the Duchy of Luxembourg, is truly a hidden gem located in the heart of Europe. While it has a long history full of turmoil, nowadays, Luxembourg is one of the most cosmopolitan European countries, with many of its inhabitants speaking four languages.



Figure 1: Luxembourg.

The small Duchy, extending from north to south over 82 km and 57 km from east to west, is packed with historical sites. The capital city, Luxembourg, is a perfect mixture of modern and old

architecture; the old town and its surrounding 23 km network of underground fortifications dating back to the 18th century are UNESCO World Heritage Sites.

Moreover, the valley of the seven castles is a wonderful display of medieval Luxembourgish constructions. In the northern highlands, the Éislek, Vianden Castle (**Figure 2**) is a monumental piece of architecture and is



Figure 2. Cezar Buzea at Vianden Castle.



Figure 3: Schéissendëmpel waterfall in the little Switzerland.

a real magnet for tourists. For amateur hikers, Luxembourg also has a lot to offer. Éislek, the mountainous northern region, is full of steep valleys and high hills covered by lush forests and windy plateaus offering breathtaking views. Moving to the east of the country, the Mullerthal Trail, located in the little Switzerland of Luxembourg, consists of 112 km of trails among outstanding natural

beauties: charming waterfalls (**Figure 3**), small rivers, fantastic rocky structures, and extremely narrow crevices carved by the affluents of the Sauer River millions of years ago.

While visiting little Luxembourgish Switzerland, Echternach, the picturesque capital of the region, is must-see. On Whit Monday every year, the Hopping procession takes place here. The ceremony, dating back to the 15th century, reunites over 9,000 abbots, bishops, musicians, and pilgrims from all over Europe. The attendants dressed in dark trousers and white shirts hop in a particular manner to a polka melody up to the crypt of the St. Willibrord as an expression of joy and prayer. This year the procession will be held on Tuesday, May 30, 2023.

There are several events taking place this spring in the Duchy, that are not to be missed. For wine lovers, the Wäinmoart and the Wine Taste Enjoy are not to be skipped. The former



takes place on Friday, April 14, 2023, in Grevenmacher, and the latter is held on Sunday, May 28, 2023, in Bech-Kleinmacher. Both offer excellent venues to taste the renowned Luxembourgish wines and crémants produced in the Moselle vineyards.

Finally, the National Day of Luxembourg is a unique spectacle. Every year on June 22, several events are organized, including

the torchlight procession through the city's medieval streets, Fakelzuch, and the fireworks on Adolphe Bridge in the capital city, being the most impressive ones.

This spring, we are keen to wish you a warm Wëlkomm zu Lëtzebuerg!



WELCOME TO COFFEE & ANECDOTES



COFFEE & BAKLAVA WITH NAZIM

In our newest section, we wanted to create a relaxed medium, where we pause from our busy lives and ‘have a coffee’ with influential ISAPS members. Every issue will feature an individual who is significant to our Society, and whom we would like to take a moment to appreciate and become better acquainted with.

In this issue, we feature Dr. Nazim Cerkes, ISAPS’ Past President (2020-2022), who needs little introduction. Dr. Cerkes recently handed over the presidential reins and played a vital role in last year’s Congress in his hometown of Istanbul, Turkey.



NAZIM CERKES, MD, PHD - TURKEY
ISAPS Past President (2020-2022)

ISAPS: Your specialty is rhinoplasty, what prompted you to want to focus on this in particular?

Cerkes: In the 1990s, during my first years of plastic surgery practice, I was working in the Istanbul University Department of Plastic Surgery where I was enjoying doing microsurgical reconstruction. In 2002 I left the University and moved to private practice, where I wanted to focus on a specific field of aesthetic surgery. Rhinoplasty is an operation where, like microsurgery, even less than a millimeter difference may change the result. I thought that this operation fits me the best in my private practice and mainly focused on this field.

Rhinoplasty is one of the most difficult operations in aesthetic surgery. Every rhinoplasty patient is unique and must be planned differently according to the features of the skin, nasal skeleton, and face. Every case presents a different challenge, and this excites me very much. In surgery, I must always think and plan ahead for the next steps in accordance with the consequences of previous maneuvers. This makes the operation fun.

ISAPS: With your experience as past ISAPS President, what career advice do you have to share with aspiring plastic surgeons and their future in our specialty?

Cerkes: My first advice for young colleagues is to study



hard and learn the true science of aesthetic plastic surgery. They must develop their skills based on the most current knowledge. Every plastic surgeon who performs aesthetic surgery must know the principles and have adequate experience in reconstructive plastic surgery. We plastic surgeons have a lifetime learning profession. Aesthetic plastic surgery is developing every day, and we must follow the advances in our field, both for our patient’s satisfaction and safety.

I would say that the younger generation is luckier than we were Today, gaining access to knowledge is much easier



Figure 1: Dr. Cerkes during ISAPS Istanbul World Congress 2022 with his daughters Defne and Cagla.

compared to 20-30 years ago. The young colleagues today must follow the current literature, visit the experts, and attend scientific meetings to learn about the recent developments in our field. They cannot learn aesthetic surgery from YouTube.

I strongly encourage them to participate in ISAPS’ scientific events such as Congresses, Courses, and Webinars (Figures 1 and 2). They

will learn true science from the best experts in the world at these events.

What I have noticed today, is that most of our young colleagues would like to start aesthetic surgery practice immediately after their training, however, many of them are not sufficiently trained in aesthetic surgery during their residency. I recommend they participate in the many ISAPS educational events and Fellowship Programs, which are great opportunities for proper training in aesthetic surgery.

ISAPS: What do you consider to be the main advantages of being an ISAPS member?

Cerkes: There are many advantages of being an ISAPS member. Besides the many membership benefits, we become a part of a wonderful global family. The biggest advantage is having many friends from several countries with whom you can exchange

knowledge and experience and support each other.

I must confess that ISAPS has influenced my professional life and my vision. I am so grateful to this Society because it has changed my life philosophy, and motivated me to be a better surgeon and a better educator. I learned a lot about aesthetic plastic surgery from my ISAPS colleagues, including international perspectives and experiencing many cultures. I have gained many good friends from all over the world which is invaluable for me.

ISAPS: Over your years in practice and presidency, what is the most amusing situation you have encountered or experienced?

Cerkes: In April 2010 I went to Stuttgart (Germany) for Dr. Gubisch’s rhinoplasty meeting as invited faculty. The following week I was planning to go to the American Aesthetic Meeting in Washington DC (United States) to speak at a rhinoplasty panel and give a teaching course. During my stay in Stuttgart, a volcano erupted in Iceland and all flights from Stuttgart were canceled due to smoke and ash coming from the volcano. The meeting in Stuttgart ended, and my scheduled flight to Istanbul was canceled, like all other flights. So, I started to wait in the hotel for the opening of the airport. I waited for two days and searched to see



Figure 2: Dr. Cerkes during the ISAPS Vienna World Congress 2021 with ISAPS Board members.

if there was a flight to Istanbul (Turkey) from another city, but all airports in Germany were closed until further notice, so I searched for train routes. Unfortunately, the trains to Istanbul were fully booked, and I was stuck in Stuttgart. However, I knew I had to immediately find a way to get back to Istanbul so I could catch my flight to the US, which



was departing in 48 hours. Istanbul Airport was open, and I could do it.

I found a taxi driver who was originally from Turkey and asked him to take me to Istanbul from Stuttgart. It was quite costly, so I negotiated the price, we agreed, and then immediately took to the road. On the way when we were in Austria, the police stopped us. He said that we exceeded the speed limit so he will take the driving license of the taxi driver and will not let us go. I told him I have an emergency, and to please let us go, we will pay for the ticket, whatever it is. He told me that he cannot break the rules, and the driver cannot drive without a license, but told me, if I have a driver's license, that I could drive the car. I showed him my license, he let us go and I drove the car all the way to Istanbul, which took 24 hours. The next day I boarded my flight to Washington DC. I arrived there on time and attended my panel.

ISAPS: Life as a surgeon presents many remarkable cases, what would you consider to be your most noteworthy and influential experience?

Cerkes: I had many good experiences and remarkable cases in my professional life. But here I would like to mention my worst experience. The most difficult times I had as a surgeon were just after the devastating earthquake in 1999

which happened about 100 km away from my hometown, Istanbul. I worked as Chief of the Plastic Surgery team in the ICU of Istanbul University Faculty of Medicine.

We treated hundreds of injured people. I stayed at the hospital most days for more than a month. We did fasciotomies, debridements, and amputations, and reconstructed the defects and wounds. I should say that it was really hard for me to give the decision of limb amputation, particularly in kids and young patients who had crush injuries and compartment syndrome. We tried to salvage the limbs with reconstructive surgeries as much as we could. Unfortunately, we lost some of those patients. Losing a patient was really depressing. Many times, I questioned myself if I could do better. I remember those days as the most difficult and challenging times of my professional life.

Unfortunately, just recently we had a bigger, more devastating earthquake in south Turkey which was a real tragedy for our country. Our plastic surgeon colleagues who treated the injured people in the earthquake probably had similar experiences. I wish none of us would have to encounter such challenging experiences in our professional lives.





CLAUDIO D. ROJAS GUTIÉRREZ, MD - MEXICO

WHY ALL RESIDENTS MUST HAVE A POTENTIAL MENTOR IN THEMSELVES

Modern medicine, globalization, and new technologies have created greater demands in the care that we provide for our patients. Likewise, the modern plastic surgery resident is in a constant strain to evolve, while at the same time facing challenges in their own practice.

It is impossible to separate the role of a mentor in our daily activities, which goes beyond the technical or theoretical standpoint and guides us to develop in the other aspects of our lives, the ones that make us more upstanding individuals, and that reflect every day in the results of our patients. Lack of mentorship can have negative implications on professional development, career success, and can even be a reason to withhold academic opportunities¹.

To an aspiring surgeon, it may appear to us that our leaders developed their success “*out of the blue*”. It even makes us think that their path was different from ours during their own preparation as residents. It might even put into doubt the ups and downs they experienced during their training, and the difficulties they overcame to become the present educators of excellence that they are today.

Thanks to a mentor and friend, ISAPS member, Dr. Alejandro Duarte y Sánchez, I had the opportunity to approach this

mindset from his viewpoint along with some of the career history of others whom I admire. This led me to conclude that role models in our field would not exist without a mentor to guide their footsteps as well. This should make us feel fortunate about how the wisdom and experience of those whom we call mentors, can save us a lot of time and pain through actively participating in our own training process.

As a trainee, I believe that we have something new to learn every day from our mentors, beyond the technical or theoretical aspects of our beloved specialty. We also learn from the mistakes they made and the challenges they faced as young plastic surgeons. There are no perfect mentors, and we need to harness those unique aspects that will fit into our own style². The kindness to our patients and colleagues, the capacity to learn from everyday experiences, and to motivate individuals to achieve academic excellence, should all be traits that every resident should pursue as future mentors and leaders in our field.

Finally, I would like to cite our President-Elect, Dr. Arturo Ramírez Montañana, from a column written 19 years ago that might reflect the feelings of those who are still “on the road”, “*When you are on the other side of the road, things are not appreciated in the same way as those who traveled it*”³.



IN MEMORIAM

DR. DONNA SAVITRY, MD (1968–2023)



DR. DONNA SAVITRY

written by Drs. Irena S. Rini, MD & Theddeus O.H. Prasetyono, MD, PhD

A female plastic surgeon friend for many, Dr. Donna Savitry, who was a member of ISAPS and InaPRAS (Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons), was someone who was captivated and loved by many of its members, especially the young ones, who observed her role in leadership for the past eight years. Many of us had witnessed more about her as she showed her active role in international relationships, representing our country.

Dr. Savitry passed away peacefully on the early morning of February 23, 2023, at the hospital where she had served for almost two decades.

She passionately took initiative in the interactive development and collaboration between our Society with international partners after realizing the importance of mutual partnerships; not only for taking support from others, but also providing the same to our international counterparts. The international world needs more people from Indonesia rather than only a handful of members known by the world. She saw the potential after taking lessons from her seniors who are acknowledged internationally. She took it seriously that many young members were potentially going to be leaders in their respective fields.

Dr. Savitry had been an attending plastic surgeon in the National Police Hospital since she graduated in 2004 from her training at Universitas Indonesia. She attended the medical school of the same university from 1987 to 1993, during which she met her beloved husband, who was one of her classmates. Together they graduated, and the newlyweds went to Central Java for their compulsory duty as general

practitioners in Primary Health Centers for several years.

As they finished their duty, they went back to Jakarta. Dr. Savitry then fulfilled her dream to be a plastic surgeon and she was accepted into the first training program in the country which she was very proud of. At a time when fieldwork as a woman surgeon was a special position, she made herself a part of it. Looking back 20–25 years ago, women plastic surgeons in Indonesia were less than the number of digits of our single hand.

Once Dr. Savitry became a plastic surgeon, she said that any female doctor could also be a good plastic surgeon, performing both as a good wife and mother at the same time. The mother of three worked passionately and focused on burn, trauma, and chronic wounds, especially diabetic wounds. She used fat grafting and PRP in her endeavor to help her patients.

Being talented with aesthetic sense, she also worked in aesthetic surgery. She joined ISAPS as an Active member and was also an international member of the American Society of Plastic Surgeons. She had an unquenchable thirst for knowledge and attended courses and conferences in her home country and worldwide.

She wished she could have written more papers, but she was too busy with her daily work and taking care of her beloved family, so that became a part of her bucket list that was left unfulfilled. However, Dr. Savitry made important contributions to InaPRAS while serving as a Secretary General (2015–2022).

She then dedicated her last term as the Director of





International Affairs before she left us. She found pleasure in organizing events together with her colleagues, and she loved traveling. A fond memory for her was when she traveled to her last plastic surgery meeting in Seoul, South Korea, in November, 2022. She looked very happy to be there, representing our Society and meeting with many friends.

That time however, was not without obstacles, as her health was already declining back then. Only her love of work made her look strong.

She also took care of communications with international counterparts, including with the representative of International Confederation of Plastic Surgery Societies. None of us thought she would have left us so soon, as she showed her enthusiasm when “on duty”. She had been coping with her disease for some time before it progressed over the past year.

Dr. Savitry is survived by her three sons. Her eldest, Helmy, married in October 2022. We could feel the joy she had when the marriage of Helmy came to be one of the biggest accomplishments on her wish list. She was strong enough to travel to the Riau Islands to meet with her son’s in-laws, despite suffering greatly from the illness.

Her second son, Fathur, just got his Bachelor’s in Business Management; and the youngest son is in his early senior year of high school.

She was always a caring wife and a lovely mother at heart. She was never scared to take on new opportunities in her field and did everything with integrity. Her legacy will carry on forever.

We are in mourning and saddened by her passing. We also understand that many of her friends from other countries have lost a kind friend. A female friend who put her steps into being a female leader in the plastic surgery field.

Jakarta, February 23rd, 2023, InaPRAS



IN MEMORIAM

DR. PIERRE FRANCOISE FOURNIER, MD (1924–2023)



DR. PROFESSOR PIERRE FRANCOISE FOURNIER
written by Dr. Yhelda Felicio, MD

With great grief and sadness, we must give notice of the loss of Dr. Pierre Francoise Fournier. Dr. Fournier was recognized as one of the co-inventors of liposuction and the one who developed and designed the innovative technique of syringe liposuction. In addition, he wrote many articles and textbooks in this

regard and received recognition from the five continents for his contributions to the aesthetic specialty. He left behind a legacy of one of the most precious treasures of modern body contouring surgery. We recognize him and are grateful for his contributions; may this talented surgeon rest in peace.



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January – March 2023

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MAY 6, 2023 | 13:00 UTC

TUBEROUS BREAST UPDATE

JULY 1, 2023 | 13:00 UTC

MEETINGS CALENDAR



ISAPS OFFICIAL COURSE - KUWAIT PLASTIC SURGERY SOCIETY CONFERENCE

Dates: March 16-18, 2023
Location: Kuwait
Venue: Sheikh Jaber Al-Ahmad Cultural Center
Email: marwa@kuwaituniversal.com
Website: www.kspkw.org

ISAPS OFFICIAL COURSE - SOUTH AFRICA 2023

Dates: March 23-26, 2023
Location: Cape Town, South Africa
Venue: The Lord Charles Hotel, Somerset West
Email: plastics@easternsun.co.za
Website: www.isapscoursesouthafrica.co.za

ISAPS RESIDENT WEBINAR: FRONTAL AND PERIORBITAL SURGERY

Date: April 1, 2023
Location: Online
Website: www.isaps.org

THE AESTHETIC MEETING 2023

Dates: April 21-23, 2023
Location: Miami Beach, FL, US
Venue: Miami Beach Convention Center
Contact: Victoria Cierpich
Email: victoria@theaestheticsociety.org
Website: meetings.theaestheticsociety.org/the-aesthetic-meeting

CME WEBINAR: BREAST IMPLANT-ASSOCIATED ANAPLASTIC LARGE-CELL LYMPHOMA - MANAGING NEW AND CURRENT PATIENTS, REDUCING RISK

Date: April 29, 2023
Location: Online
Website: www.isaps.org

ISAPS APS JOURNAL CLUB - VERTICAL MEDIAL THIGH LIFT

Date: May 6, 2023
Location: Online
Website: www.isaps.org

ISAPS RESIDENT WEBINAR: FACIAL AND NECK SURGERY

Date: June 3, 2023
Location: Online
Website: www.isaps.org

ISAPS ENDORSED - MARBELLA INTERNATIONAL PLASTIC SURGERY SUMMER SCHOOL

Dates: June 15-16, 2023
Location: Marbella, Spain
Contact: Vanessa Garcia
Email: info@oceanclinic.net
Website: www.mipss.eu, www.mipss.eu/program.php

ISAPS ENDORSED - V IGUAZU AESTHETIC MEETING

Dates: June 29-July 1, 2023
Location: Argentina
Contact: Luisa Bazyluk
Email: iguazuaestheticmeeting@gmail.com
Website: www.iguazuaestheticmeeting.com

ISAPS APS JOURNAL CLUB - TUBEROUS BREAST UPDATE

Date: July 1, 2023
Location: Online
Website: www.isaps.org

ISAPS ENDORSED - THE GLOBAL MASTERS: 3RD JOINT IMRHIS

Dates: June 29-July 2, 2023
Location: Berlin, Germany
Venue: Steigenberger Hotel am Kanzleramt
Website: www.globalrhinoplastymasters.com



ISAPS ENDORSED - INDIE AESTHETIC SURGERY SUMMIT

Dates: August 26-27, 2023
 Location: Online
 Contact: Jill Fiorella
 Email: jill.fiorella@duke.edu
 Website: www.indieaestheticsurgerysummit.com

ISAPS OLYMPIAD ATHENS WORLD CONGRESS 2023

Dates: August 31-September 2, 2023
 Location: Athens, Greece
 Email: registrar@isaps.org
 Website: www.isapsathens2023.com

ISAPS RESIDENT WEBINAR: BASICS IN RHINOPLASTY - PRESERVATION AND STRUCTURAL

Date: October 7, 2023
 Location: Online
 Website: www.isaps.org

ISAPS SYMPOSIUM - THE 5TH NORWEGIAN AMERICAN AESTHETIC HYBRID MEETING (NAAM5) AND 2ND NORWAY'S ISAPS SYMPOSIUM

Dates: October 27-28, 2023
 Location: Oslo, Norway
 Venue: Meet Ullevaal
 Email: ami.kal@online.no
 Website: www.naam.no

ISAPS APS JOURNAL CLUB - TIPS FOR SUBPERICHONDRIAL-SUBPERIOSTEAL DISSECTION IN PRIMARY RHINOPLASTY

Date: November 4, 2023
 Location: Online
 Website: www.isaps.org

ISAPS RESIDENT WEBINAR: REGENERATIVE MEDICINE

Date: December 2, 2023
 Location: Online
 Website: www.isaps.org

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A promotional graphic for the ISAPS World Congress 2024. It features a collage of images: a colorful colonial-style building, a beach with colorful umbrellas, and a modern city skyline by the water. The text reads:

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